

COMMUNITY LODGINGS  
3912 ELBERT AVE # 108  
ALEXANDRIA, VA. 22305  
703-549-4407

Date of Application: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Date Occupancy Desired: \_\_\_\_\_

**APPLICANT INFORMATION:**

Head of Household: \_\_\_\_\_ SS#: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Are you employed? Yes \_\_\_ No \_\_\_ Do you have more than one job? Yes \_\_\_ No \_\_\_

2<sup>nd</sup> Adult Member: \_\_\_\_\_ SS#: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Are you employed? Yes \_\_\_ No \_\_\_ Do you have more than one job? Yes \_\_\_ No \_\_\_

3<sup>rd</sup> Adult Member: \_\_\_\_\_ SS#: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Are you employed? Yes \_\_\_ No \_\_\_ Do you have more than one job? Yes \_\_\_ No \_\_\_

**RENTAL HISTORY:**

Current Landlord/Name of apartment community: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

How long have you lived here? \_\_\_\_\_ Monthly rent: \_\_\_\_\_

Current Landlord/Name of apartment community: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

**If less than two years:**

Previous Landlord/Name of apartment community: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

How long have you lived here? \_\_\_\_\_ Monthly rent: \_\_\_\_\_

Exactly how many persons will reside in this unit? (Include all adults and children) \_\_\_\_\_

Have you or any adult co-applicant, ever been sued for eviction from any residence? Yes \_\_\_\_ No \_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_

Have you ever filed for Bankruptcy? Yes \_\_\_\_ No \_\_\_\_

**ALL OCCUPANTS:**

NAME	SEX	SOCIAL SECURITY	RELATIONSHIP	AGE	DATE OF BIRTH

1. Do you expect any change in the above listed household composition? Yes \_\_\_\_ No \_\_\_\_

If yes, describe the change: \_\_\_\_\_

2. Are all members of your household full-time students? Yes \_\_\_\_ No \_\_\_\_

If yes, are the students married and filling a joint tax return? Yes \_\_\_\_ No \_\_\_\_

If yes, does the household receive Aid for dependent Children or TANF? Yes \_\_\_\_ No \_\_\_\_

If yes, is the household comprised of a single parent & child(ren)  
None of whom is a dependent third party? Yes \_\_\_\_ No \_\_\_\_

If yes, are the students enrolled in a job training program  
Under the Job Training Partnership Act? Yes \_\_\_\_ No \_\_\_\_



**ASSET INFORMATION:**

1. List all assets held by each adult member of the household.

FAMILY MEMBER	FINANCIAL INSTITUTION	ACCOUNT #	ACCT TYPE

2. Do you own a home or any other real estate? Yes \_\_\_ No \_\_\_

3. Do you have any assets in the last two years not listed above? Yes \_\_\_ No \_\_\_

If yes, did you dispose of the assets for less than fair market value? Yes \_\_\_ No \_\_\_

If yes, what were the assets, the market value at time of disposition, the amount and the date you disposed of the assets? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

4. The total combined asset value for this household is less than \$5,000 Yes \_\_\_ No \_\_\_

**REFERENCES:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**VEHICLE IDENTIFICATION:**

Do you own a car? Yes \_\_\_ No \_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Applicant's Statement:** I/we understand that the above information has been collected to determine my eligibility under the Tax Credit and VHDA Program, and I agree to provide third-party documentation. Upon request, I/we certify that the statements made in this certification are true and complete as of the date below. Furthermore I understand that it is a criminal offense to willfully make a false jurisdiction. If any changes occur, I/we must immediately inform **Mortimer & Associates** of any change in my household's composition or if all members of my household becomes full-time students. I hereby certify that all information provided is true and complete as of the date below and authorize the landlord to make inquiries to verify statements herein. Please be advised that we will be conducting a credit & criminal check. By signing you are in agreement.

This application is subject to approval and does not constitute an agreement to lease. All information must be verified before this application can be processed.

**All ADULT household members must sign below:**

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Witnessed By: \_\_\_\_\_

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

