



Mariners Watch Apartments
APPLICATION SURVEY

Please take a few minutes to give us your feedback. Thanks!

1. How did you hear about us?

<input type="checkbox"/> Apartment Guide	<input type="checkbox"/> Apartment Book
<input type="checkbox"/> Referred by current Resident	<input type="checkbox"/> Property Website
<input type="checkbox"/> Apartmentguide.com	<input type="checkbox"/> Virginiapilotonline
<input type="checkbox"/> Forrent.com	<input type="checkbox"/> Apartments.com
<input type="checkbox"/> Other internet search or site (please list) _____	
<input type="checkbox"/> Other _____	

2. Where else have you looked for an apartment?

<input type="checkbox"/> Archer's Green	<input type="checkbox"/> Andover Apartments
<input type="checkbox"/> Brentwood Forest	<input type="checkbox"/> Crown Point
<input type="checkbox"/> Gates of West Bay	<input type="checkbox"/> Pinewood Gardens
<input type="checkbox"/> Parktowne	
<input type="checkbox"/> Other Community _____	

3. When you entered our Rental Office, how were you received?
 - Friendly
 - Indifferent
 - Other _____

4. Were all of your questions answered clearly and thoroughly?
 - Yes
 - No
 - Other _____

5. How does our product compare with the other apartments you visited?
 - More appealing why? _____
 - Less appealing why? _____
 - Other _____

6. What one aspect made you choose our product over other apartments?
 - Location
 - Price
 - Size/Square Footage
 - Amenities: pool/fitness center/clubhouse/etc.
 - Other: _____

7. What would you like to see added to your apartment? _____

 Would you be willing to pay extra for this? YES NO

8. How can we improve our rental process?

Mariner's Watch Apartments
440 Mariners Way Norfolk, VA 23503
(757)587-6447 Office (757)587-5724 Fax

RESIDENT SELECTION CRITERIA and OCCUPANCY REQUIREMENTS

A. INCOME:

1. Applicants must have gross income of three (3) times the rental rate. Income for roommates may be combined to meet the income standard. **Applicants cannot exceed the HUD Maximum allowable income limits determined by household size on an annual basis.** This program is designated to facilitate the housing needs of moderate and low-income households, which requires that the applicant meet certain qualifying standards established under Section 42 Low Income Housing Tax Credit guidelines.
2. We participate in the Housing Choice Voucher Program. Housing Choice Voucher holders must meet a minimum income of three (3) times the tenant paid rental rate. The housing voucher must be presented with the rental application.
3. We participate in the Rental Partnership Program. Military households must meet a minimum income of two (2) times the rental rate. A Letter of Eligibility must be presented with the rental application.

Affordable Housing Maximum Allowable Income Limits for 2011:

1 Person	29,400.00	4 People	41,940.00
2 People	33,600.00	5 People	45,300.00
3 People	37,800.00	6 People	48,600.00

Rent Schedule:

\$760	2 bedroom/ 1 bath
\$805	2 bedroom/ 2 bath
\$919	3 bedroom/ 2 bath

B. EMPLOYMENT:

1. Each applicant (Head of Household) must have at least six (6) months of stable employment and/or verifiable income. Employment income is verified directly with the employer. Overtime, commission, bonuses, tips, shift differential and projected increases are considered in determining the applicant's gross income for the upcoming twelve (12) months.
2. Self Employed applicants must complete an affidavit and provide one of the following in order to determine gross anticipated income for the upcoming twelve (12) months:
 - A) Previous year's tax return
 - B) A statement from an Accountant/Bookkeeper projecting business income.

C. CREDIT/CRIMINAL HISTORY:

Applicants may be denied for any one (1) of the following:

1. Judgments not remedied
2. Credit obligations which are three (3) or more months delinquent.
3. Personal bankruptcy within the past three (3) years.
4. Foreclosure of real estate
5. Repossession of material or personal property.
6. Non remedied suits or pending suits.
7. Beacon/Fica score of less than 550.
8. Any felony conviction will be denied.
9. Any drug conviction or assault (felony or misdemeanor) will be grounds for disqualification.

D. RENTAL HISTORY

1. Applicants who meet the income and credit qualifications may be disqualified based on a poor reference from a current or prior landlord. A poor reference would consist of an applicant being evicted or asked to leave for non-payment of rent, court filings for non payment of rent, lease violations balances due landlord at the time of move out.
2. Applicants may not have more than three (3) late payments in a twelve (12) month period and no more than one (1) non-sufficient funds check.
3. Applicants cannot have any judgments from another landlord.
4. An Applicant with no rental history may be required to pay a higher security deposit, as long as the applicant meets all other qualifying criteria.

E. OCCUPANCY STANDARDS:

The Maximum Occupancy Allowed Is:

- One bedroom apartments - (2) individuals
- Two bedroom apartments - (4) individuals
- Three bedroom apartments - (6) individuals

F. DRUG- FREE HOUSING POLICY:

All applicants eighteen (18) or older must consent to and comply with the drug free housing policy. Resident is responsible for actions of all household members and their guests. Activity that includes (but not limited to) the possession, sale, and use of illegal substances or weapons is an automatic violation and grounds for immediate termination of the lease by management.

G. HANDICAPPED ACCESSIBLE UNITS:

If resident is occupying a handicapped accessible unit and is occupancy ineligible: Resident may be asked to move at his/her own expense to a suitable sized vacant unit if a priority applicant for the handicapped-accessible unit is on the waiting list.

H. FULLTIME STUDENT STATUS:

An applicant’s unit cannot be entirely occupied by fulltime students or applicants who have or will be a student for five (5) months or more out of the current or upcoming calendar year. A fulltime student is defined as a person who is carrying a subject load that is considered fulltime under the standards and practices of the education institution attended. An education institution includes; public or private elementary, middle/junior, senior high schools, colleges, universities, technical, trade or mechanical schools. The exceptions to the rule are as follows:

- a. The students are married and entitled to file a joint tax return..
- b. The household consist of at least one student receiving Temporary Assistance to Needy Families. (TANF)
- c. The household is comprised of at least one single parent with child (ren) and this parent is not a dependent of someone else and the child (ren) is/are not dependents of someone other than a parent.
- d. The household consist of at least one student who participates in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act or under other similar federal, state or local law.
- e. The household consist of at least one student who was previously under foster care.

I. PETS:

We allow one (1) pet per apartment home. A \$500 Non-refundable pet fee is required. Additionally, a monthly pet rent fee of \$35.00 is due with the monthly rental expenses. Resident agrees to provide Management with a current shot record and a photo of pet prior to move in. Aggressive breeds will not be permitted on the property.

J. APPLICATION FEE/SECURITY DEPOSITS:

A Non Refundable application fee of \$30.00 per adult applicant or per married couple is required at the time the application is submitted. This fee is only accepted in the form of money order or certified funds.

Security Deposits start at \$500 and will not exceed two (2) times the monthly rent. The security deposit is due at the time of application to secure an available unit for residency. In the event that applicant withdraws application, prior to the execution of a Lease contract, applicant may be held responsible for Landlord’s actual damages. Landlord’s damages will be deducted from the Security deposit and the remaining funds (if any) will be refunded within 45 days from the date of cancellation.

All prices and requirements are subject to change without prior notification.

Applicant's Signature

Date

Applicant’s Signature

Date

Applicant’s Signature

Date

Management/Agent for Owner Signature

Date

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to **Mariner's Watch Apartments** for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|-------------------------------|----------------------------------|------------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Previous Landlords | State Unemployment Agencies | Retirement System |
| Public Housing Agencies | Social Security Administration | Banking Institutions |
| Support and Alimony Providers | Medical and Child Care Providers | Other Financial Institutions |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant/Resident (Print Name) Date

Co-Applicant/Resident (Print Name) Date

Adult Member (Print Name) Date

Adult Member (Print Name) Date

Mariner's Watch Apartments

440 Mariners Way
Norfolk, VA 23503

Phone: (757)587-6447 Fax: (757)587-5724

RENTAL APPLICATION

Note: All occupants 18 years or older must complete a separate application. PLEASE PRINT.

MARITAL STATUS: () Never Been Married () Married () Divorced () Separated () Widowed

List all Household Occupants	Relationship	Date of Birth	Age	Social Security #	Fulltime Student?	Employed
	SELF				<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

Do you expect any change in the above listed household composition in the next 12 months? Yes ___ No ___

If yes, please describe the change: _____

Are all the occupants listed above full-time students?

Yes ___ No ___

(Definition of student: anyone who has been or will be a full-time student at an educational institution with regular facilities and students during 5 months of this Certification year, other than correspondence school).

If yes, are the students married and filing 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 of a third party?

Yes ___ No ___

If yes, are the students enrolled in a job training program under the Job Training Partnership Act or similar program?

Yes ___ No ___

If yes, has any household member received foster care assistance within the past 5 years?

Yes ___ No ___

Current Address: _____ City/State/Zip Code _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Current Landlord or Community: _____ Landlord Phone # _____

How long at current address? _____ Amount of rent: _____

Reason for moving: _____

Previous Address: _____ City/State/Zip Code _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Current Landlord or Community: _____ Landlord Phone # _____

How long at current address? _____ Amount of rent: _____

Reason for moving: _____

If not currently renting, have you ever rented before? () YES () NO

Driver's License # _____ State _____ Expiration _____

Make of Vehicle _____ License Plate # _____ Color _____ Year _____

Make of Vehicle _____ License Plate # _____ Color _____ Year _____

Will you be bringing any pets with you? () YES () NO If yes, Pet type _____ Full grown weight _____ Name: _____

Have you ever been charged with, pleaded guilty to, or been convicted of any crime other than traffic violations? () YES () NO If yes, please state the nature of the offense, the date of the offense, and the County and State in which you were charged and/or tried.

Please list closest relative not living with you:

Name: _____ Address: _____ Phone # _____

Please list 2 references not living with you:

Name: _____ Address: _____ Phone # _____

Name: _____ Address: _____ Phone # _____



INCOME

Please answer each of the following questions.

	Yes	No	Annual Amount
Are you or will you be employed full-time, part-time or seasonally in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you work for someone who pays you in cash?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you now receive or expect to receive:			
Child support?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spousal support?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social Security (or SSI) benefits?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Income from a pension or annuity?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unemployment or Worker's Comp benefits?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Public assistance (AFDC/Welfare, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Regular cash contributions from individuals not living in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you currently on leave of absence from work due to lay-off, medical, maternity or military leave?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property?	<input type="checkbox"/>	<input type="checkbox"/>	

EMPLOYMENT (If more than one employer, please list on back of application.)

(Please circle one):

Unemployed Self-Employed Employed Full-time Employed Part-time Disabled

Present Employer

_____ (Company Name)	_____ (City/State/Zip)	_____ (Phone #)
_____ (Position/Title)	_____ (Supervisor's Name)	_____ (Employment Dates From / To)
_____ (Yearly Gross Income)	_____ (# of hours per week)	_____ (Employment Dates From / To)

ASSETS

List all checking and savings accounts (including IRA's, accessible 401(k)'s, Keogh accounts and Certificates of Deposit) of all household members, including accounts disposed of during the past two years.

FINANCIAL INSTITUTION	TYPE OF ASSET	BALANCE	ANNUAL \$ AMOUNT OF INTEREST RECEIVED

List the value of all stocks, bonds, trusts, pension contributions, whole life insurance policies, or other assets: _____

Do you own a home or other real estate? Yes _____ No _____

Did you dispose of any assets in the last two years? Yes _____ No _____

If yes, did you dispose of the assets for less than fair market value? (This means that the assets were either given away or sold for less than market value.)

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

(Any assets disposed of for less than fair market value in the two years before the date of this Certification will be counted as assets if the difference between the market value and the amount received exceeds \$1,000.)

TERMS AND CONDITIONS FOR AGREEMENT BY APPLICANT

Rental rates and availability are subject to change without notice, pending full lease execution. No pets of any kind are allowed on the property without the express prior written approval of Management. I certify that I am 18 years of age or older. I hereby state that all the information given in this application is true and correct. I authorize the agent to process this application, contacting any persons deemed necessary to verify the information provided, including credit, income and employment history, criminal history, student status, housing reference, bank balances, etc. I affirm that I am not involved in any way with illegal drugs or any other unlawful activity. I understand that if there is a substantial change in my circumstances between application and move-in, or if any of the information I have provided is false, the Landlord may re-consider this application accordingly. In lieu of an original signature to this agreement, Landlord will accept a valid and legitimate electronic and/or facsimile signature of the Resident. In doing so, resident hereby acknowledges his/her endorsement and acceptance of this agreement, and he/she waives any challenge to validity of this agreement based on resident's endorsement by electronic and/or facsimile signature. Applicant hereby pays a non-refundable application fee of \$_____ for the purpose of being considered a resident for a dwelling unit. Security Deposits start at \$500 and will not exceed two (2) times the monthly rent. The security deposit is due at the time of application to secure an available unit for residency. In the event that applicant withdraws application, prior to the execution of a Lease contract, applicant may be held responsible for Landlord's actual damages. Landlord's damages will be deducted from the Security deposit and the remaining funds (if any) will be refunded within 45 days from the date of cancellation. Resident expressly authorizes Landlord, or Landlord's Agent (including collection agency) to obtain Tenant's consumer credit report, which the Landlord, or it's Agent, may use if attempting to collect past due rents, payments, late fees, or other charges from Tenant, both during the term of the lease, and thereafter.

Applicant Signature: _____ Date: _____

