



APPLICATION

New River/Trolinger House Apartments
 2603 Warm Hearth Drive
 Blacksburg, VA 24060

Head of Household / Spouse / Co-head of Household / Occupant:

First	M.I.	Last	Gender	Marital Status	Date of Birth	Social Security Number

***Proof of age and social security number must accompany the application for all household members.**

_____ Mailing Address _____ City _____ State _____ Zip

_____ Home Phone _____ Cell Phone _____ Email Address

_____ Landlord Address _____ City _____ State _____ Zip _____ Phone Number

Current Housing (please circle the option that applies)

Lives with family Homeless Home Renting (landlord reference required)

Other _____

Floor Plan Preference (please circle the options that applies)

First available Patio Balcony Standard

Housing Information

- | | | |
|--|-----|----|
| Are you being displaced from your current housing? | Yes | No |
| Are you living in substandard housing? | Yes | No |
| Are you paying more than 50% of your income for housing? | Yes | No |
| Are you a student at an institute of higher learning | Yes | No |
| Are you protected under the VAWA policy | Yes | No |
| Do you currently receive HUD rental assistance? | Yes | No |
| Will you be bringing a Pet? | Yes | No |
- (See attached pet agreement. \$100 Pet Deposit Required**)
 Service Animals are not considered pets and require no deposit.



Do you require a reasonable accommodation for your disability? Yes No
If yes, please state below.

Do you require a barrier free accessibly-designed apartment? Yes No

Our barrier free apartments feature the following accessible designs: wider hallways, wider doorways, lower counter-tops, lower light switches, roll up unobstructed access to sinks, wheelchair friendly flooring.
Do you feel that your mobility disability requires that you have a barrier free unit with the accessibility features as described above? Yes _____ No _____

Citizenship Information

I hereby declare, under penalty or perjury, that I am:

- _____ 1. A citizen or national of the United States. No further information is required.
- _____ 2. A non-citizen with eligible immigration status. Please provide documents that verify your eligible immigration status.
- _____ 3. Not contending eligible immigration status. I understand that I am not eligible for financial assistance under these conditions.

Income/Asset Information

Name	Social Security Income	Pension Income	Other Income	Total Monthly Income

Please attach current benefit letter for all income sources.

Besides social security, please list other income (employment, pensions, alimony, trust, etc.):

Mailing Address of Sender

Amount of Monthly Check

Checking Account - (please attach current statement for each account)

Name of Bank

Savings Account - (please attach current statement)

Name of Bank



Please attach current statements or any assets you have and list any CD's, T-bills, trust, money market accounts, stocks, bonds, etc. that you own:

Name of Financial Institution

Mailing Address of Financial Institution

Please list any home or property that you own. Please attach current market value. If you have mortgage, please attach current statement balance.

Mailing Address of Home or Property

Current Value of Home or Property

Expense Information

Attach documentation for monthly premiums:

Monthly Payment:

Do you currently receive Medicaid?	Yes	No	_____
Do you have Medicare?	Yes	No	_____
Do you have a Part D Prescription Plan?	Yes	No	_____
Do you have supplemental health insurance?	Yes	No	_____
Dental	Yes	No	_____
Vision Insurance	Yes	No	_____
LTC	Yes	No	_____
Cancer Insurance	Yes	No	_____

Name of Health Care Insurance Company

Please list the following medical prescription information:

Name of Pharmacy and Address

On average, how much are your monthly expenses from this pharmacy? _____



Have you or any applicant household member been convicted of a felony in the past 7 years? Yes No

Have you or an applicant household member ever been evicted? Yes No

Are you or any applicant household member subject to a lifetime sex offender registration in any state? Yes No

List all states in which you or any applicant household member has resided.

HUD requires us to conduct criminal and credit check for all applicants for residence at New River House and Trolinger House apartments. Without completion of these checks we cannot add you to our wait list nor can we enter into a lease with you. Therefore, by signing below you hereby authorize Warm Hearth Village or its agents to conduct an investigation as to whether you have a criminal record, and to check your credit rating. Valid social security numbers are needed to run these checks for all applicants, please provide these on page 1. Every effort will be made to secure these numbers and they will not be disclosed or shared with anyone.

I certify that the above information is true and complete to the best of my knowledge. I authorize inquiries to be made by Warm Hearth to verify any information on this application.

Head of Household Date

Spouse/Co-Head Date

Your application is not complete and will be returned to you if the following information is not included:

Proof of Age

Proof of Social Security Income

Proof of Pension Income

Proof of Assets and Insurance Expenses

Application signed and dated by ALL applicants

Proof of Social Security Numbers for ALL applicants (see Tenant Selection Plan for details)

***** Initial screening to be added to our Waiting List does not constitute final approval for Housing at Trolinger and New River House apartments. Final verifications are done at the time an applicant gets close to the top of the waiting list are still required to meet eligibility requirements. HUD Program and project requirements are also subject to change.**

Please be sure to sign/date application and attach all required information.

