

Winchester House - Application for Admission & Rental Assistance

Winchester House does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

27 South Cameron St.
Winchester, VA 22601

Phone 540-667-4667 Fax 540-667-6977
winchhouse@comcast.net

Please fill out this application **COMPLETELY**. If something does not apply to you - write N/A in the space.

PLEASE PRINT LEGIBLY

Applicant/Head of Household Name _____

Current Address _____

City, State, Zip Code _____

Home Phone # _____ Cell# _____

Email: _____

Date of Birth: _____ SSN: _____

Male _____ Female _____ Prefer not to answer _____

Citizenship (Please Circle) United States Canada Mexico Other

1. List other member (if applicable) that will live in unit.

Full Name _____ Birth Date _____

SSN _____ Relationship to HOH _____

Male _____ Female _____ Prefer not to answer _____

Citizenship (Please Circle) United States Canada Mexico Other

2. Are you living in a HUD subsidized housing unit or using a HUD voucher at this time?

() Yes () No If yes please give:

Name of Complex: _____

Name of Manager: _____ Phone # _____

3. Name and address of Present Landlord: Phone# _____

_____ How long lived there: _____

_____ Reason for leaving: _____

_____ Amount of rent paid: _____

**YOUR COMPLETE address as well (if different) while renting from this landlord

3. Name and address of past Landlord: _____ Phone# _____
 _____ How long lived there: _____
 _____ Reason for leaving: _____
 _____ Amount of rent paid: _____

**YOUR COMPLETE address as well (if different) while renting from this landlord)

****MUST INCLUDE AT LEAST 2 LANDLORD REFERENCES or a statement with at least 5 years of address history with explanation***

4. Do you require a unit with wheelchair accessibility features? () Yes () No

<u>Income Information</u>	**If YES, must list the annual income**	<u>Annual Income</u>
1. Do you or your spouse work full or part time?	___ Yes ___ No	\$ _____
Do you or your spouse receive unemployment?	___ Yes ___ No	\$ _____
2. Do you/your spouse receive Social Security ?	___ Yes ___ No	\$ _____
Do you or your spouse receive SSI ?	___ Yes ___ No	\$ _____
3. Do you/your spouse receive disability ?	___ Yes ___ No	\$ _____
4. Do you/your spouse receive a pension or annuity ?	___ Yes ___ No	\$ _____
5. Do you receive alimony ?	___ Yes ___ No	\$ _____
6. Do you receive public assistance ?	___ Yes ___ No	\$ _____
7. Do you/your spouse receive income from assets ?	___ Yes ___ No	\$ _____
8. Do you/your spouse receive compensation from the Veterans Administration?	___ Yes ___ No	\$ _____
9. Do you/your spouse receive education funds?	___ Yes ___ No	\$ _____

Asset Information

1. List all bank accounts:	checking	savings	IRA	CD's	Money Market
Bank Name	Account Type				
_____	_____				
_____	_____				

2. List all stocks, bonds, or other investments and their value

Type of Investment	Value
_____	_____
_____	_____

3. Do you have WHOLE (not Term) Life Insurance _____ Yes _____ No
 If Yes,:
 Name, address, and Phone number of Insurance company
 Policy Number (s)

_____	_____
_____	_____
_____	_____

Personal Information

1. Have you ever been convicted of a felony Yes No If yes, when? _____

2. Are you or any member of your household subject to a Lifetime Sex offender Registration in any state? Yes No
 If yes, where? _____

3. Please list all states in which you and members of your household have ever lived:

Please list all other names by which you have been known (former married names, etc.)

4. Have you ever committed a violent act? Yes No

Personal Information (continued)

5. Do you use **ILLEGAL** drugs? Yes No

6. Have you been evicted from any property for lease violations in the past three years?
 Yes No
 If yes, please give name of landlord and date of eviction _____

7. Have you been evicted in the last three years from federally assisted housing for drug-related criminal activity? Yes No

8. Have you ever broken a lease or skipped from previous housing? Yes No
9. Have you ever been late on a rent payment with your current or any previous landlord?
Yes No
10. Will you be able to establish utilities in your own name? Yes No
11. Were you age 62 or older as of January 31, 2010 and you do not have a social security number; were you receiving HUD rental assistance at another location on January 31, 2010?
Yes No
12. Are you or your spouse a US Military Veteran? Yes No
If yes, what branch of service? _____
13. Do you use marijuana? Yes No
14. Is there reasonable cause to believe that you or any member of your household's behavior from abuse or pattern of abuse of alcohol may interfere with the health, safety, and right to peaceful enjoyment by other residents? Yes No

Expenses

1. Do you pay your Medicare premium? Yes No
If yes, how much is the monthly premium? \$_____
2. Do you have a Medicare Supplement insurance that you pay the premium?
Yes No If yes, please provide the following:
- | | |
|--|-----------------|
| Name, address, and phone number of Insurance company | Policy # |
| _____ | _____ |
| _____ | Premium \$_____ |
3. Do you have a prescription drug insurance plan that you pay the premium?
Yes No If yes, please provide the following:
- | | |
|--|-----------------|
| Name, address, and phone number of Insurance company | Policy # |
| _____ | _____ |
| _____ | Premium \$_____ |

General Information

1. Do you have an automobile? OYes ONo
Year _____ Make _____ Model _____
License Plate Number _____ State _____
Insurance Company _____ Policy # _____

2. Do you have a Power of Attorney OYes ONo If yes, please include:
Name _____ Phone _____
Address _____
Email _____

Relationship to you _____
****IT IS IMPORTANT THAT YOU DESIGNATE SOMEONE TO LEGALLY HANDLE YOUR AFFAIRS in the event you are unable to do so for yourself****

3. What are your favorite hobbies and/or interests?

4. How did you hear about Winchester House? _____

References ***REQUIRED***

Give two (2) personal reference NOT RELATED TO YOU

Name _____ Phone _____
Address _____
Email _____

How long have you known them? _____

In what capacity do you know them? _____

Name _____

Phone _____

Address _____

Email _____

How long have you known them? _____

In what capacity do you know them? _____

Give two (2) credit references

Required

Name _____

Phone _____

Address _____

Email _____

Account # _____

Name _____

Phone _____

Address _____

Email _____

Account # _____

Nearest Living Relative

Name _____

Phone _____

Address _____

Email _____

Relationship to you _____

Primary Emergency Contact ***PERSON LEGALLY ALLOWED TO MAKE YOUR DECISIONS***

Name _____ Phone _____

Address _____

Email _____

Relationship to you _____

Secondary Emergency Contact

Name _____ Phone _____

Address _____

Email _____

Relationship to you _____

APPLICANT - Please read before signing

I certify that if selected to receive assistance that the unit I occupy will be my **only residence**. I understand that the above information is being collected to determine my eligibility. I authorize the owner/agent to verify all the information provided on this application and to contact the previous or current landlords or other sources of credit and verification information that may be released to appropriate federal, state, or local agencies. I certify that the statements made in this application are true to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law.

I authorize the owner/agent to do a credit/criminal background check to verify my history

Head of Household _____ Date _____

Spouse/Co-Head _____ Date _____

Owner/Manager _____ Date _____

****DURING THE APPLICATION AND SCREENING PROCESS YOU MAY RECEIVE A TEXT OR EMAIL FROM ONESITE OR REAL PAGE WITH A VERIFICATION CODE - YOU MUST CONTACT WINCHESTER HOUSE IN THE DESIGNATED TIME FRAME WITH THAT CODE IF REQUIRED TO DO SO IN ORDER FOR YOUR APPLICATION TO BE SCREENED****

If you have lived at your current address for less than five (5) years, please provide a complete address history for the past five (5) years. Use back of page if necessary

Current Address _____

City, State, Zip Code _____

Dates Resided at this address: _____

Current Address _____

City, State, Zip Code _____

Dates Resided at this address: _____

Current Address _____

City, State, Zip Code _____

Dates Resided at this address: _____

Current Address _____

City, State, Zip Code _____

Dates Resided at this address: _____

Current Address _____

City, State, Zip Code _____

Dates Resided at this address: _____

Current Address _____

City, State, Zip Code _____

Dates Resided at this address: _____

FOR OFFICE USE ONLY:

APPLICATION RECEIVED: _____ BY _____

*IF NOT COMPLETED, APPLICANT TO BE CONTACTED AND NOTIFIED

APPLICANT VERIFIED

LI

VLI

ELI

AGE

SCREENED

Y

N

CODED

ENTERED ONTO WAIT LIST
