

# Laurel Hill Apartments, LLC (dba Liberty Crest Apartments) RESIDENT SELECTION CRITERIA

Thank you for applying to live at our community. These criteria explain the process we use to select our residents. Laurel Hill Apartments LLC (dba Liberty Crest Apartments)/The Alexander Company, Inc. is an Equal Housing Opportunity provider and our policy is to treat all residents and visitors fairly and consistently without regard to race, color, religion, sex, national origin, disability or familial status. This community and its employees comply with the provisions of Title VIII of the Civil Rights Act of 1968, the Fair Housing Amendments Act of 1988 ("Fair Housing Act") and, to the extent applicable, the Americans with Disabilities Act. Furthermore, this community complies with the state and local fair housing regulations of the jurisdictions in which it is located.

This community will not discriminate against any person or persons on any basis prohibited by law including but not limited to race, color, religion, national origin, sex, disability, genetic information, marital status, age or familial status. In addition, The Alexander Company, Inc. has a Section 504 Policy that addresses all reasonable accommodation requests. For more information on reasonable accommodation requests, contact the Community Manager.

### ABOUT THE PROJECT

Liberty Crest Apartments is a tax credit property that includes Affordable Housing units and Market Rate units. Affordable Housing units are student status restricted and income restricted. To qualify for an income restricted apartment, a household's gross annual income may not exceed 50% or 120% (depending on the unit) of Fairfax County's area median income as posted by HUD each year (see Table B on page 3). In addition, minimum income limits apply (see Table A on page 3). Applicants whose income exceeds the maximum income limits are not eligible for this program but will qualify for a Market Rate unit.

#### Lease Term: 1 year

**Security Deposit:** \$300 for a 1BR unit and \$500 for a 2BR unit. Applicants with a low credit score may be asked to pay a full month's rent as the security deposit (see *Credit Screening* on page 2). Security deposit must be paid in full before applicant is allowed to move in.

Amenities Fee: \$300 annual fee per unit for the use of the community pool (optional).

**Utilities & Services:** Water, sewer and trash are included in the rent. Tenants pay electricity (heating, air conditioning, lights and appliances). Applicant must be able to establish the necessary utilities with the appropriate utility provider.

**Parking:** A limited number of garage parking spaces are included in the rent of the apartments in the attached buildings. Rented parking spots are assigned. The automobile must be registered in the name of the resident who has applied at Liberty Crest Apartments. All surface parking is available on a first come first served basis. Parking permits will be issued to all residents.

**Pet Policy:** Dogs and cats are welcome at Liberty Crest Apartments. There are no weight limits, however, pit bulls and pit mixes are not accepted. Up to 2 pets per apartment are welcome with an additional one time non-refundable deposit of \$150 per pet and monthly pet rent of \$50.00 per pet. Fish tanks and caged animals will be considered. All pets must be approved by management and covered under a pet addendum.

Prior to having a pet at Liberty Crest Apartments, residents must first pay all deposits due and sign a Pet Addendum to the Lease Agreement. Pet owners are required to clean up after their pets. Having a pet is considered a privilege that can be revoked if policies are not followed. Animals that are designated as assistance animals to the disabled are accepted with documentation from the appropriate healthcare provider.

### **BASIC ELIGIBILITY REQUIREMENTS**

- Valid photo identification.
- A valid SSN card issued by the Social Security Administration. If a SSN card is not available, the community will accept a letter from the Social Security Administration stating that a new card has been applied for. Where applicable an assigned Federal Identification Number may be used. Applicants must disclose social security numbers (SSN) for all family members.
- Proof of all income and assets. ALL forms of household income must be disclosed.

### THE APPLICATION PROCESS

After reviewing the resident selection criteria, prospective tenants must submit one application and a non-refundable \$30.00 application fee per applicant over the age of 18. An application cannot be processed unless it is fully complete. Applicants must list all members who will reside in the apartment. Once the application is approved and the available apartment is accepted, the applicant will sign a lease agreement in which the applicant agrees to abide by all the rules and regulations.

### THE WAITING LIST

If a unit is not available, interested parties may join the waiting list. The waiting list is organized by unit size and individuals remain on it for 3 months. When a unit comes available, those on the wait list, whom have expressed interest in that size unit, will be contacted. Failure to respond to attempted contacts will result in removal from the waiting list. Applications will be processed in the order received with application fee, holding deposit & signed Holding Deposit Agreement.

**Application Fee.** All applications must be submitted with the \$30 application fee per applicant over the age of 18 years old, in order for the application to be processed. The application fee is not refundable.

**Credit Screening.** A report will be obtained through a commercial credit-reporting agency called Credit Retriever and will yield one of three decisions: Accept, Conditional and Denied. Applicants whose credit decision is "Conditional" will be required to pay a security deposit equal to a full month's rent pending background, criminal and rental history checks.

**Background and criminal record checks.** All applicants and household members over 18 years of age will be screened for criminal history. All applicants shall disclose in their application if any household member(s) have criminal charges pending at the time of application and if so, where and what the pending criminal charges are. A history of any of the following by any household member is cause for rejection of an application for housing:

- I. A felony conviction or adjudication other than an acquittal of sex offenses (including but not limited to forcible rape, child molestation, and aggravated sexual battery), arson, crimes involving explosives, and the illegal manufacture of controlled substances or manufacture of illegal drugs.
- II. Within 10 years from the completion of any sentence, probation, or parole for a felony that involved damage to or destruction of property, bodily harm against a person, including but not limited to: murder, homicide, manslaughter, armed robbery, aggravated assault, or any felony of violence that may establish that the applicant constitutes a direct threat to the health or safety of other individuals or to the property.
- III. Within 5 years from the completion of any sentence, probation, or parole for a felony that involved stalking, weapon offenses, burglary, theft, auto theft, buying receiving or possession of stolen property, or sales or trafficking in an illegal drug or controlled substance.
- IV. Within 3 years from the completion of any sentence, probation, or parole for any other felony for a crime involving the illegal personal use of a controlled substance (other than sales, trafficking, or manufacture), illegal gambling, prostitution, commercialized vice, embezzlement, or forgery.
- V. Within 3 years from the completion of any sentence, probation, or parole for any misdemeanor or ordinance violation for a crime of violence that may establish that the applicant constitutes a direct threat to the health or safety of other individuals or the property.
- VI. Within 3 years from the completion of any sentence, probation, or parole for any felony or any misdemeanor involving trespass.
- VII. Except, the following shall be excluded from consideration: Juvenile adjudications that do not qualify as convictions under state law; and expunged, purged, or sealed convictions.

**Rental History.** Rental history for the past 3 years must indicate the ability to care for the property without damage and pay rent on time. If the applicant has lived with parents within the last three years, the parents will be contacted for a landlord reference check. Homeless shelters and group homes are not considered rental history. Previous evictions and/or judgments for rent are grounds for denial of the application.

**Rejection Procedures.** If an applicant disputes the accuracy of any information provided to Liberty Crest Apartments LLC/The Alexander Company Inc. by a screening service or credit reporting agency, the applicant may contact the company that supplied the information within 60 days of the denial to obtain a copy of screening results. The name and address of the screening company and any applicable reference numbers will be provided in the denial letter. Denied applicants may reapply to the community in six (6) months.

### **INCOME AND ASSETS**

Total household income will be annually reviewed and verified for occupancy in our community. 50% and 120% refer to percent of median income for the Fairfax County statistical area.

Income from most assets is computed using actual income received or .06% interest, whichever is greater. Homes are considered an asset but are treated differently than other assets; deductions for unpaid principal and closing costs (10%) will be used before imputing future income which is calculated at .06% interest. Housing Choice Voucher holders must have income equal to one and a half their portion of the monthly rent and meet all the other credit and rental history requirements.

What counts as income? ALL sources of a household's income (such as wages, recurring gifts from family members, public assistance, Food Share, student financial aid, etc.) will count towards the minimum income requirement. Certain kinds of income do not count towards the maximum income limit; see management for details.

Below are tables that contain the minimum and maximum income requirements and restrictions. *Example:* For a family of 4 to qualify for a 2 BR 50% unit that rents for \$1075, their total annual household income must be at least \$19,350 and may not be more than \$54,300.

Floor Plan	Rent	MINIMUM Annual Income	Maximum Number of Occupants
1BR 1 BA	\$905+	1 ½ times the monthly rent	2
2 BR 1 BA	\$1075+	1 ½ times the monthly rent	4

### Table A: Rental Rates, Minimum Income Requirements, and Maximum Occupancy Limits

\*Children under 3 are excluded from occupancy limits

### Table B: Maximum Income Restrictions by Household Size (Fairfax County 2016)

Household Size	50% AMI Program	120% AMI Program
1 person	\$38,650	\$132,360
2 persons	\$44,150	\$132,360
3 persons	\$49,650	\$132,360
4 persons	\$55,150	\$132,360

\*The 120% AMI program is not adjusted by household size

#### ADDITIONAL REQUIREMENTS

- All rental applications must be in writing.
- Falsification of any information on the application is basis for automatic denial.
- If the applicant has filed for bankruptcy and it has not been discharged, the application will automatically be denied.
- Anyone who applies for residency at an Alexander Company Inc. property and owes The Alexander Company Inc. money from a previous apartment with The Alexander Company, Inc. will be denied housing if the balance is not paid in

full. If balance is paid in full, they will be able to apply and the Resident Selection Criteria would be used to determine residency eligibility.

- Anyone who applies for residency at an Alexander Company Inc. property and owes another apartment community money from a previous apartment will be denied housing if the balance is not paid in full.
- Prior to being denied, all applications that do not meet the criteria set forth by the Resident Selection Criteria will be reviewed by both the Property Manager and the Regional Property Supervisor. The Regional Property Supervisor has final say over all application denials.

If you need additional information concerning the Resident Selection Criteria, please see the Community Manager.

Acknowledgment/Receipt: By signing below I/We acknowledge that we were given and have received a copy of the Resident Selection Criteria for Liberty Crest Apartments.

Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date
Management	Date
•	•

# Liberty Crest Apartments Housing Credit Program Tax Credit Application

SHARE HOUSING

Phone: (703) 982-8090

Fax: (703) 982-8089

## **Household Information**

List ALL household members that are applying to live in this apartment
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Name First, Middle Initial, Last		Relationship to Head of Household	M/F	Social Security Number	<b>Birthdate</b> Month, Date, Year		
				HEAD			
Current Ad	ldress:						
Email Add	ress:						
Daytime Pl	ione:			Evening P	hone:		
YES	<u>NO</u>						
		1.	Do you expect any additions	s to the household with	in the next	twelve months? (Inclu	ude unborn children)
			Name & Relationship:		Explanation	n:	
		2.	Is there anyone living with y	ou now who won't be	living with	you at this property?	•
			Name & Relationship:		Explanation	n:	

3.	Are you SEPARATED, but not divorced from your spouse? (Answer "no" if living with spouse,
	single, Legally divorced or widowed)

4. Do you have full custody of your child(ren)?

Explanation: 5. Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the military.) Explanation:

 □ 6. Does your household have or anticipate having any pets other than those used as service animals? Type:

Rental History			
<u>YES</u>	<u>NO</u>		
		7.	Have you or any one else named on this application filed for bankruptcy?
			Explanation:
		8.	Have you or any one else named on this application been convicted of, plead guilty to, or been placed on probation for any crime?
			Explanation:
		9.	Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs?
			Explanation:
		10.	Are any criminal charges currently pending against you or anyone else on this application?
			Explanation:
		11.	Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer, or had a judgment for rent against you?
			Explanation:

# Housing References

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

	Landlord	Current Address	<u>Own/Rent</u>	Dates
Name:			Own 🗆	From:
Address:			Rent 🗆	To: PRESENT
	( )			CURRENT
Name:			Own 🗆	From:
Address:			Rent 🗆	То:
Phone:	( )			PREVIOUS
Name:			Own 🗆	From:
Address:			Rent 🗆	То:
Phone:	( )			PREVIOUS

## **Personal Reference**

List a personal reference other than a relative.

Name:		
Address:		
Phone:	Relationship:	Years Known:

Vehicle Identification						
List vehicle information for all vehicles that are owned or operated by any household member.						
Make/Model/Year	State Issued	License Plate #				
Vehicle #1:						
Vehicle #2:						
Emergency Contact						
List someone in the area that is not already on the	ne application.					
Name:						
Address:						
Phone: Rela	ationship:	Years Known:				
Income Information						
Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors. <b>PLEASE COMPLETE ALL PARTS</b> .						

		υ	01000	I AIT OITE III your nousenoid I	eccive OK expect to receive inco	
<u>YES</u>		<u>NO</u>	11.	Employment wages or colories?	lude overtime, tips, bonuses, commissions and p	
	(TC-8)			Household Member	Employer	<u>Income</u>
	(TC-9)		12.	Self-employment? (Include overtime, tip: Household Member	s, bonuses, commissions and payments received in <u>Type of Business</u>	in cash.) <u>Income</u>
	(TC-10)		13.	Regular pay as a member of the An <u>Household Member</u>	rmed Forces? <u>Base Name &amp; Branch</u>	Income
	(TC-11)		14.	Unemployment benefits or worker <sup>:</sup> <u>Household Member</u>	's compensation? <u>State</u>	Amount Received
			-			

Include all income anticipated for the next 12 months. Do YOU or ANYONE in your household receive OR expect to receive income from:

	15.	Public Assistance, General Relief or A	Aid to Families with Dependent (	Children (AFDC)?
(TC-12)		Household Member	Agency	Amount
	1.6			
□ □ If yes, If no. (TC-13) (TC-23)	,	-	ED Child Support or Alimony? C ther or not it is received unless legal action her received directly from payor.)	
		Household Member	Name of Payor	<u>Amount</u>
		(b) Do you RECEIVE Child Suppo	ort or Alimony and how is receive	d? (Check all that apply)
*REQUIRED		<ul><li>Child Support Enforcement</li><li>Court of Law</li></ul>		
		<ul><li>Court of Law</li><li>Directly from Individual</li></ul>	Name of Court: Name of Person:	
*REQUIRED		• Other	Explain:	
□ □ (If yes, obtain court pape	ers)	(c) If money is NOT actually receiv Explanation:	ved, are you taking legal action to	• remedy?
	17.	Social Security, SSI or any other pay	ments from the Social Security A	dministration?
(TC-14)		Household Member	Source of Benefit	Amount
	18.	Regular payments from a Veteran's b	 penefit, pension, retirement benef	it or annuities?
(TC-15)		Household Member	Source of Benefit	<u>Amount</u>
□ □ □ (TC-15)	19.	Regular payments from a severance p	package?	
()		Household Member	Source of Benefit	<u>Amount</u>
(TC-15)	20.	Regular payments from any type of se	ettlement? (For example, insurance sett	lements.)
		Household Member	Source of Benefit	<u>Amount</u>
□ □ □ □ (TC-15)	21.	Regular gifts or payments from anyou (This includes anyone supplementing your income		
		Household Member	Source of Benefit	Amount

	(TC-20)	22.	Educational grants, scholarships, or other student benefits?		
			Household Member	Source of Benefit	Amount
	(TC-15)	23.	Regular payments from lottery win <u>Household Member</u>	nnings or inheritances? <u>Source of Benefit</u>	<u>Amount</u>
	(TC-15)	24.	Regular payments from rental pro <u>Household Member</u>	perty or other types of real estate tra <u>Source of Benefit</u>	ansactions? <u>Amount</u>
	(TC-15)	24.	Any other income sources OR Asse <u>Household Member</u>	ets that are not listed? <u>Source of Benefit</u>	Amount
		26.	<b>Do you or any other household me</b> Explanation:	mbers expect any changes to your in	acome in the next 12 months?

## **Asset Information:**

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS. Please Complete ALL Questions, <u>CIRCLE WHICH ITEM APPLIES TO YOUR HOUSEHOLD</u>

### Do YOU or ANYONE in your household hold:

YES		<u>NO</u>				
			27.	Checking or savings account?		
ľ)	ГС-16)			Household Member	NAME OF BANK	<u>Amount</u>
[] [)	ГС-16)		28.	CDs, money market accounts or trea <u>Household Member</u>	isury bills? <u>NAME OF BANK</u>	Amount
[] []	FC-17)		29.	Stocks, bonds or securities <u>Household Member</u>	NAME OF BANK	Amount
			-			

			30.	Trust funds? Life Insurance?	(Whole or Universal) **Not Term I	nsurance** (TC-17)
	(TC-16)			Household Member	Source of Benefit	Amount
	(TC-16)		31.	Pensions, IRAs, Keogh or other re	tirement accounts?	
				Household Member	Source of Benefit	<u>Amount</u>
			32.	Cash on hand over \$500?		
	(TC-20)			Household Member	<u>Source</u>	Amount
			33.	Real estate, rental property, land contracts/contract for deeds or other real estate holdings?		
	(TC-17)			(This includes your personal residence, mobile	homes, vacant land, farms, vacation homes or con	mmercial property.)
				Household Member	Address of property	<u>Amount</u>
			34.	Personal property held as an inves		
	(TC-17)			(This includes paintings, coin or stamp collecti belongings such as your car, furniture or cloth	ions, artwork, collector or show cars, and antiques ing.)	. This does not include your personal
				Household Member	<u>Tvpe</u>	<u>Amount</u>
	(TC-20)		35.	A safe deposit box?		
				Household Member	Location	<u>Items/Value</u>
Image: Constraint of the second se		ny asset(s) for LESS than				
				Household Member:	Amount:	
				Explanation:		
Applicant Status						
The following questions pertain to specific eligibility requirements of the Housing Credit Program.						
YES	<u>YES</u> <u>NO</u>					

37.	Are you or any other ADULT household members claiming zero income?
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Household Member:

Explanation:

(TC-27)

		38.	Are you or any other household members (INCLUDING MINORS) currently a FULL-TIME OR PART-TIME STUDENT or expect to be one in the next 12 months? (if so, circle which)	
(TC-19 8	&25)			
			Household Member(s):	
			Educational Institution(s):	
□ (TC-22 8	□ &28)	39.	Will you or any ADULT household member require a LIVE-IN CARE attendant to live independently?	
			Name of Attendant:	
			Relationship ( <i>if any</i> ):	
		40.	Will your household be receiving or applying for SECTION 8 rental assistance at time of move-in?	
			Name of Agency:	
			Contact Person:	

### Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I will notify management of any changes to my income prior to move in.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

### All ADULT household members must sign below:

Signature		Date
Signature		Date
Management Signature		Date
For Office Use Only		
Date of Interview:	Desired Apt. #:	Desired Move-in Date:

# Authorization to Release Information

I, \_\_\_\_\_\_hereby grant my full permission for both Laurel Hill Venture, LLC & Liberty Crest Apartments to seek and obtain, and any applicable individual, company, or organization to release all applicable information or documentation required in regard, but not limited to: income, assets from financial institutions, court records, rental/mortgage history (both current and past), credit, criminal history and student status.

I understand that falsification, inaccurate representation, or omission of any provided or relevant information is grounds for immediate denial of my application for residency at Liberty Crest Apartments.

APPLICANT PRINTED NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

SIGNATURE (FIRST, MIDDLE, LAST)

DATE

Liberty Crest Apartments 9380 Quadrangle Street Lorton, VA 22079 Phone: (703) 982-8090 Fax: (703) 982-8089

## 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 Laurel Hill Venture, LLC, Liberty Crest Apartments & The Alexander Company 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)

Ву:

VHDA Form No. MD:202 01/07