



**TENANT SELECTION CRITERIA**

The Selection Criteria listed below explains **Manor View Apartments'** policies regarding standards that must be met in order to reside in our community. Standards such as these are appreciated by our current residents since they have met the same standards when they applied. It is our intent to offer our residents the best possible community and living environment. **Manor View Apartments** adheres to all Federal, State, and Local Fair Housing Laws which forbid discrimination against any person because of race, religion, age, sex, national origin, familial status, or handicap. If you have any questions regarding our selection criteria, please ask the Property Manager. Our goal is to serve your housing needs to the best of our ability. The following are requirements that a person or family must meet in order to reside at **Manor View Apartments**:

- A. Risk Assessment:
  - 1. Core Logic/Safe Rent is the resident screening company utilized by **Manor View Apartments**. They use a statistical scoring model to determine your risk threshold as a resident. The scoring model is set up to accept no applications with a score less than what is set for the property.
  - 2. Applications wherein no credit history or a credit history less than three years of age is found will be subject to a security deposit equal to one month's rent.
- B. Present and Past Rental History: Pre-applications may be denied for any one (1) of the following:
  - 1. One history of having "skipped" or having been evicted from previous housing.
  - 2. Any repeated late payments within a twelve (12) month period.
  - 3. A landlord rental reference wherein any previous management has verified that the applicant was destructive to the apartment or surrounding public areas.
- C. Current Income: Any pre-applicant may be denied if their gross monthly income, less any garnishments or other deductions, does not meet or exceed two times (2X) the monthly rent of the unit selected.

**OCCUPANCY REQUIREMENTS**

Occupants per bedroom (not per unit):

A maximum of two Residents, and/or one or more authorized Occupant(s) listed on the Lease Agreement, are permitted to reside in a bedroom, provided that the total number of persons residing in the bedroom complies with local building code requirements. The current Virginia building code requires that every bedroom occupied by more than one person shall contain at least 50 square feet of floor area for each person. For purposes of this policy, the term "Resident" shall mean any person age 18 or over who is required to be listed as a Resident on the Lease Agreement and an "Occupant" shall mean any person under age 18 required to be listed on the Lease Agreement. This occupancy policy should not be used to discriminate against families with children, or to ask invasive questions of any applicant.

- 1. All applicants must be at least eighteen (18) years of age.
- 2. All applicants must have satisfactory credit, rental history, and references as outlined above.
- 3. All applicants must meet or exceed the income eligibility requirements outlined above and stated below.

<u>Type</u>	<u>Rent</u>	<u>Minimum Monthly Income Required</u>	<u>Minimum Annual Income Required</u>
1 BR	\$740.00	\$1,480.00	\$17,760.00
1 BR with Den	\$760.00	\$1,520.00	\$18,240.00
2 BR	\$785.00	\$1,570.00	\$18,840.00
2BR with Den	\$825.00	\$1,650.00	\$19,800.00
3BR	\$905.00	\$1,810.00	\$21,720.00

**\*\*\*WITH CARPET – ALL APARTMENTS ARE \$30 MORE PER MONTH\*\*\***

- 4. Application Fee: \$35.00 per person
- 5. Deposit: \$450.00 (Due at lease signing) or up to 2 months rent.
- 6. Reservation Fee: \$100.00 to reserve an apartment and is applied to prorated move in rent.
- 7. Pet Policy: Manor View Apartments does not allow pets on the property.
- 8. Utilities: Residents are responsible for electricity, water and sewage. Management pays for sanitation.
- 9. Renter's Insurance: Proof of Renter's Insurance required at move-in. Minimum liability coverage of \$100,000.
- 10. Drug Free Housing: Manor View Apartments has a ZERO TOLERANCE policy regarding use, distribution and cultivation or manufacturing of any illegal drugs and requires all residents to sign a Drug Free Housing Addendum.

**PICTURE ID                      SOCIAL SECURITY CARD                      3 MONTHS OF PAYSTUBS/ 3 LES'S**

**MEREDITH MANAGEMENT COMPANY prohibits discrimination based on race, color, religion, age, sex, national origin, familial status, or handicap.**

MEREDITH MANAGEMENT  
RENTAL APPLICATION

\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*

1. Date of Application: \_\_\_\_\_  
3. Apartment Rented: \_\_\_\_\_  
5. Conventional: \_\_\_\_\_

2. Name of Property: \_\_\_\_\_  
4. Move-in Date: \_\_\_\_\_  
6. RPP: \_\_\_\_\_

APPLICANT INFORMATION

Names of all adults who will occupy apartment:

1. \_\_\_\_\_  
(Last) (First) (M.I.) (Sex) (DOB) (SSN)  
\_\_\_\_\_  
(Email Address) (Home Phone #) (Work Phone #) (Cell Phone #)

2. \_\_\_\_\_  
(Last) (First) (M.I.) (Sex) (DOB) (SSN)  
\_\_\_\_\_  
(Email Address) (Home Phone #) (Work Phone #) (Cell Phone #)

Names of all children who will occupy apartment:

1. \_\_\_\_\_  
(Last) (First) (M.I.) (Sex) (DOB) (SSN)

2. \_\_\_\_\_  
(Last) (First) (M.I.) (Sex) (DOB) (SSN)

CURRENT ADDRESS

\_\_\_\_\_  
(Community/Landlord) (Street Address & Apt #) (City, State, & Zip) (Landlord's Phone #)  
Do You: Own \_\_\_ Rent \_\_\_ Military Housing \_\_\_ Live with Relatives \_\_\_ Other \_\_\_\_\_  
(Length of Residence)  
Are you currently on a Lease? Yes \_\_\_ No \_\_\_ Expiration Date: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

\_\_\_\_\_  
(Community/Landlord) (Street Address & Apt #) (City, State, & Zip) (Landlord's Phone #)  
Do You: Own \_\_\_ Rent \_\_\_ Military Housing \_\_\_ Live with Relatives \_\_\_ Other \_\_\_\_\_  
(Length of Residence)  
Are you currently on a Lease? Yes \_\_\_ No \_\_\_ Expiration Date: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

PRIOR RENTAL REFERENCE INFORMATION

\_\_\_\_\_  
(Street Address & Apt #) (City) (St) (Zip)

\_\_\_\_\_  
(Community/Landlord) (Landlord's Phone #) (Length of Residence)

\_\_\_\_\_  
(Street Address & Apt #) (City) (St) (Zip)

\_\_\_\_\_  
(Community/Landlord) (Landlord's Phone #) (Length of Residence)

EMPLOYMENT AND INCOME INFORMATION

\_\_\_\_\_  
(Employer Name) (Street Address) (City, State, & Zip) (Phone #)

\_\_\_\_\_  
(Job Title) (Length of Employment) (Name of Supervisor) (Monthly Gross Salary)

Other Income: (Pension, Alimony, Child Support, Social Security) \_\_\_\_\_

\_\_\_\_\_  
(Employer Name) (Street Address) (City, State, & Zip) (Phone #)

\_\_\_\_\_  
(Job Title) (Length of Employment) (Name of Supervisor) (Monthly Gross Salary)

Other Income: (Pension, Alimony, Child Support, Social Security) \_\_\_\_\_

BANK INFORMATION

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_ State: \_\_\_\_\_ Checking Account  
#: \_\_\_\_\_ Interest Bearing? Y \_\_\_ N \_\_\_  
Savings Account #: \_\_\_\_\_ Interest Bearing? Y \_\_\_ N \_\_\_  
Other Assets: (CDS, Money Markets, Etc.) \_\_\_\_\_ Interest Bearing? Y \_\_\_ N \_\_\_

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_ State: \_\_\_\_\_ Checking  
Account #: \_\_\_\_\_ Interest Bearing? Y \_\_\_ N \_\_\_  
Savings Account #: \_\_\_\_\_ Interest Bearing? Y \_\_\_ N \_\_\_  
Other Assets: (CDS, Money Markets, Etc.) \_\_\_\_\_ Interest Bearing? Y \_\_\_ N \_\_\_

EMERGENCY CONTACT (two per applicant, not living at same address)

\_\_\_\_\_  
(Last) (First) (M.I.) (Relationship)

\_\_\_\_\_  
(Street Address) (City, State, & Zip) (Phone #)

\_\_\_\_\_  
(Last) (First) (M.I.) (Relationship)

\_\_\_\_\_  
(Street Address) (City, State, & Zip) (Phone #)

**EMERGENCY CONTACT (two per applicant, not living at same address)**

_____	_____	_____	_____
(Last)	(First)	(M.I.)	(Relationship)
_____		_____	_____
(Street Address)		(City, State, & Zip)	(Phone #)
_____	_____	_____	_____
(Last)	(First)	(M.I.)	(Relationship)
_____		_____	_____
(Street Address)		(City, State, & Zip)	(Phone #)

**AUTO INFORMATION**

Auto #1: _____	_____	_____	_____	_____
(Year)	(Make)	(Model)	(License Plate #)	(State Issued)
Auto #2: _____	_____	_____	_____	_____
(Year)	(Make)	(Model)	(License Plate #)	(State Issued)

**APPLICANT INFORMATION**

	<b>Applicant 1.</b>	<b>Applicant 2.</b>
1. Do you have any pets?	Yes_____ No_____	Yes_____ No_____
2. Will anyone other than the persons listed reside with you?	Yes_____ No_____	Yes_____ No_____
3. Are there any money judgments pending against you?	Yes_____ No_____	Yes_____ No_____
4. Have you ever been evicted?	Yes_____ No_____	Yes_____ No_____
5. Have you ever declared bankruptcy?	Yes_____ No_____	Yes_____ No_____
6. Are you in need of any special accommodations?	Yes_____ No_____	Yes_____ No_____

If you answered yes to any of the above please explain: \_\_\_\_\_

**By signing below, I represent that the above statements are true and complete and authorize verification of the information and references given. Any willfully false information or misrepresentation is cause for application not to be approved.**

_____	_____	_____
(Printed Name)	(Signature)	(Date)
_____	_____	_____
(Printed Name)	(Signature)	(Date)

**APARTMENT RESERVATION DECLARATION (Please read carefully before signing)**

I hereby make reservation for a \_\_\_\_\_ bedroom apartment at the following address: \_\_\_\_\_

for occupancy on \_\_\_\_\_. A reservation fee of \$\_\_\_\_\_ is made for holding the apartment; the reservation fee will be applied to the pro-rated rent on the apartment upon signing a lease. Applicant has the option to cancel application within 72 hours of signing application. Otherwise, if applicant does not take possession of a unit, reservation fee will be forfeited. If the Lessor is not able to deliver possession of the apartment within five (5) days of the commencement date above, I may cancel and terminate the lease, and the reservation fee will be refunded within forty-five (45) business days.

A NON-REFUNDABLE application fee of \$35.00 per applicant (RPP \$35 per household) is payable when application is made and applicant(s) authorizes the verification of the above information as well as a credit report to be processed through CoreLogic/Safe Rent. The applicant(s) hereby waives any claim for damages by reason of non-acceptance of this application, which Meredith Management may disapprove without stating any reason whatsoever for doing so. Such disapproval shall not be any reflection upon the applicant. Receipt is hereby acknowledged for a non-refundable fee in the amount of \$35.00 per applicant.

_____	_____	_____
(Printed Name)	(Signature)	(Date)
_____	_____	_____
(Printed Name)	(Signature)	(Date)

**GOVERNMENT DATA COLLECTION & DISSEMINATION PRACTICES ACT (VHDA Form No. MD:202, 11/89)**

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 to the Virginia Housing Development Authority, you are requested to provide certain information that will enable Meredith Management Company to complete "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. Copies of completed "Confirmation of Resident Eligibility" are sent by this management agent/owner to the Virginia Housing Development Authority, 601 South Belvidere Street, Richmond, Virginia 23220. It is possible that the 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 Virginia Privacy Protection Act.

_____	_____	_____
(Printed Name)	(Signature)	(Date)
_____	_____	_____
(Printed Name)	(Signature)	(Date)

**Each applicant must submit 3 months paycheck stubs/LES, Picture ID & Social Security card**  
**\*\*NO CASH ACCEPTED\*\***  
(Revised 11/30/2018)