

BELLEVUE GARDENS APPLICATION INSTRUCTIONS

Thank you for your interest in our community! Please read all instructions carefully- incomplete or incorrect applications could delay your approval process.

Please call to make an appointment to return your application. We DO NOT take walk ins

Phone: | 804-992-9001 | or **Email:**BellevueGardensMgr@envolvellc.com

- All applicants (over the age of 18) must bring:
 - Cashier's check or money order for application fee of \$15 for each adult
 - A driver's license or state issued id
 - A Social Security card for each household member
 - Occupants under the age of 18: must have copy of social security card
- 1. Anyone planning to reside in the household must be listed on the application.
- 2. **PLEASE COMPLETE ALL QUESTIONS ON THE APPLICATION.** If a question does not apply to you, answer "no" or write in "n/a" or "none". Incomplete information will delay your application. All questions must be answered. DO NOT write N/A across forms that you think do not apply to you.
- 3. Mistakes must be crossed out and initialed- DO NOT USE WHITE OUT!
- 4. **ALL FORMS ATTACHED MUST BE COMPLETED- EXCEPT FOR THE UNEMPLOYMENT AFFIDAVIT-** if you are employed do not complete this page.
- 5. **THE CHILD SUPPORT CERTIFICATION** must be completed even if no children are in the household. Read and check the appropriate questions in both sections.
 - If you are entitled to child support, we need 12-month history of payment (available from website or local child support agency)
- 6. **WHEN RETURNING**, be sure to include:
 - If you receive SSA, SSD, or SSI: Current benefit letter from social security office
 - If employed: Four most recent, consecutive, paystubs plus 1st paystub of 2026 (YTD and gross will be the same) eight stubs plus first stub will be needed if paid weekly
 - Copy of bank statements (all pages) for each bank account or cash app
 - Signed inquiry slip from ATM for cash or benefit pay cards (NetSpend for example)
 - Copies of WHOLE life insurance policy(s)
 - Benefits information for any retirement or pension payment you are receiving
- 7. **Bellevue Gardens is a non-smoking community- smoking will not be allowed in the building. If you cannot adhere to this policy- please do not apply.**



RENTAL APPLICATION

Development Name: _____

Office Use Only:

Date Rec'd: _____ Time: _____ am/pm

By (initials): _____

Address: _____

Email: _____

Phone Number: _____ Fax Number: _____

of Bedrooms Desired: Eff 1 Br 2 Br 3 Br 4 Br

How many people live in your home now? _____

The following is to be completed in its entirety by household members ages 18 and older.

Please answer ALL questions. Do not leave any blank spaces. Write NONE or N/A where appropriate. Please print.

PART 1 – HEAD OF HOUSEHOLD DATA:

HH First Name:	M.I.:	Last Name:
Mailing Address:		Phone #:
City/State/Zip:		Email:
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name: _____		

<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult		
First Name:	M.I.:	Last Name:
Mailing Address:		Phone #:
City/State/Zip:		Email:
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name: _____		

Directions to Member: Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more of the time during the next 12 months. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive).

PART 2 – HOUSEHOLD COMPOSITION:

	HOUSEHOLD MEMBER NAME(S)	RELATIONSHIP TO HEAD	DATE OF BIRTH	FULL TIME STUDENT (Y/N)	GENDER	SSN NUMBER
1.		Head			<input type="checkbox"/> M <input type="checkbox"/> F	
2.					<input type="checkbox"/> M <input type="checkbox"/> F	
3.					<input type="checkbox"/> M <input type="checkbox"/> F	
4.					<input type="checkbox"/> M <input type="checkbox"/> F	
5.					<input type="checkbox"/> M <input type="checkbox"/> F	
6.					<input type="checkbox"/> M <input type="checkbox"/> F	
7.					<input type="checkbox"/> M <input type="checkbox"/> F	

Anticipated changes in household size within the next 12 months? Yes No If Yes, explain: _____

Are there any absent household members who normally reside in the household? Yes No If Yes, explain: _____

Anticipated change in number of students within the next 12 months? Yes No If Yes, explain: _____

PART 3 – HOUSEHOLD INFORMATION:

RENTAL HISTORY (Head of Household - must show most recent 2-year rental history)		
Household Member Name:		
	Current Residence	Previous Residence
Street Address:		
City, State, Zip:		
Select One:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
If other, explain:		
Owner/Landlord Name:		
Owner/Landlord #		
Reason for Leaving		
Dates of Residency mm/yy	From: _____ To: _____	From: _____ To: _____

RENTAL HISTORY (Co-Head / Other Adult - must show most recent 2-year rental history)		
Household Member Name:		
	Current Residence	Previous Residence
Street Address:		
City, State, Zip:		
Select One:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
If other, explain:		
Owner/Landlord Name:		
Owner/Landlord #		
Reason for Leaving		
Dates of Residency mm/yy	From: _____ To: _____	From: _____ To: _____

Have you or any member(s) of the household ever had your lease terminated or been evicted? Yes No

Are you or any member(s) of your household receiving rental assistance (voucher, public housing, etc.) Yes No

Are you or any member(s) of your household currently fleeing from an abusive situation? Yes No

Are there any animals in the household? Yes No

Would you or any member(s) of the household benefit from the features of an accessible unit? Yes No

Do you or any member(s) of the household require any accommodations and/or modifications to the unit for any disability? Yes No

Have you or any member(s) of your household ever been convicted of a crime? Yes No

Are you or any member(s) of your household subject to state lifetime sex offender registration? Yes No

If yes to any question(s) above, please explain: _____

EMERGENCY CONTACT INFORMATION		
Name: _____		
Relationship:	Phone #:	Email:

PART 4 – EMPLOYMENT INFORMATION:

EMPLOYMENT HISTORY (Head of the Household)		
Household Member Name:		
ARE YOU SELF-EMPLOYED? (Gig Income: Ride Share, Food Delivery, etc.)		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, complete the Self-Employment Affidavit form.		
Current Employer		
Employer Name:		Phone:
Street Address:		
City:		State:
Zip:		
Date Started: mm/yy		Position:
Supervisor:		
Salary:	Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other	
If other, explain:		

DO YOU HAVE A SECOND JOB? (HEAD OF THE HOUSEHOLD)		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, complete below:
Employer Name:		Phone:	
Position:		Supervisor:	
Salary:	Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other		
If other, explain:			

EMPLOYMENT HISTORY (Co-Head / Other Adult)		
Household Member Name:		
ARE YOU SELF-EMPLOYED? (Gig Income: Ride Share, Food Delivery, etc.)		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, complete the Self-Employment Affidavit form.		
Current Employer		
Employer Name:		Phone:
Street Address:		
City:		State:
Zip:		
Date Started: mm/yy		Position:
Supervisor:		
Salary:	Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other	
If other, explain:		

DO YOU HAVE A SECOND JOB? (CO-HEAD / OTHER ADULT)		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, complete below:
Employer Name:		Phone:	
Position:		Supervisor:	
Salary:	Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other		
If other, explain:			

PART 5 – HOUSEHOLD ASSETS:

I/We hereby certify that I/we HAVE HAVE NOT sold or given away assets for less than their fair market value within the last 2 years. (Excluding items lost in bankruptcy, divorce, or foreclosure)

If Applicable: Identify all assets sold or disposed of for less than fair market value in the last two years.

HOUSEHOLD MEMBER NAME	ASSET DESCRIPTION	MARKET VALUE	DATE DISPOSED	AMOUNT RECEIVED

Do you or anyone in the household have any of the following assets? Please mark "yes" or "No" for each source of income.

Type of Asset	HEAD OF HOUSEHOLD		Co-HEAD		ADDITIONAL HOUSEHOLD MEMBERS	
	Check One	Cash Value	Check One	Cash Value	Check One	Cash Value
Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Money Cards (Chime, SmiOne, Way2GO, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Savings/Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Certificates of Deposits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trust Funds (excluding irrevocable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Real Estate/Land	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mortgage or Deed of Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cryptocurrency (Bitcoin, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Life Insurance (excluding Term)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
GoFundMe/Crowdsourcing	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mobile Payment Services (Venmo, CashApp, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Personal Property (Held as an investment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Have you received any lump sum payments such as the following:						
Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Lottery or other Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
VA Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

ASSET DETAILS (detail ALL assets for ALL household members marked yes above)

HOUSEHOLD MEMBER NAME	TYPE OF ASSET	BANK/FINANCIAL INSTITUTION NAME	# OF ACCOUNTS

PART 6 – SOURCES OF INCOME:

Is income received from any of the following sources? Please mark “yes” or “No” for each source of income.

Type of Income	HEAD OF HOUSEHOLD		Co-HEAD		ADDITIONAL HOUSEHOLD MEMBERS	
	Check One	Monthly \$	Check One	Monthly \$	Check One	Monthly \$
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Gig Income (Ride Share, Food Delivery, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Regularly Recurring gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security / SS Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
SSI (Supplemental Security Income)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retirement Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Disability or Death Benefits (not SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TANF or other Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Military Pay, including all allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Policies Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Scholarships/Grants/Work Study	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Long Term Care Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Training Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
List Other Income:	<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 or any member of the household anticipate any change in income? YES NO If yes, complete a self-affidavit form.

INCOME DETAILS (detail ALL income for ALL household members marked yes above)

HOUSEHOLD MEMBER NAME	TYPE OF INCOME	COMPANY/PROVIDER NAME	CONTACT INFO

PART 7- OTHER INFORMATION

Head of Household Drivers license number / State ID#:	State Issued:
Spouse / Co-Head Drivers license number / State ID#:	State Issued:
Other Adult Drivers license number / State ID#:	State Issued:

PART 8- VEHICLE INFORMATION

Year:	Make:	Model:	Color:
License Plate #:		State:	
Year:	Make:	Model:	Color:
License Plate #:		State:	
Year:	Make:	Model:	Color:
License Plate #:		State:	

PART 9- SIGNATURES:

Must be signed and dated by all members of the household age 18 & older:

I/we understand that the above information is being collected to determine eligibility for residence.

I/we certify that all assets currently held or previously disposed of and all income sources have been listed on this application.
I/we further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

I/we authorize the owner/manager to verify information provided on this application and the signature(s) below are the consent to obtain such verification.

Head of Household Printed Name

Head of Household Signature

Date

Spouse / Co-Head Printed Name

Spouse / Co-Head Signature

Date

Other Adult Printed Name

Other Adult Signature

Date

Other Adult Printed Name

Other Adult Signature

Date

RENTAL HISTORY VERIFICATION

The individual named below is an applicant/resident of a housing program that requires verification of rental history. The information provided will remain confidential and used only to determine eligibility. Please complete and return promptly.

DATE: _____

DEVELOPMENT NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

DEVELOPMENT NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

RELEASE STATEMENT FOR APPLICANT/RESIDENT I hereby authorize the above-named management agent to make inquiries regarding release of information for the purpose of determining my eligibility for occupancy.

PRINTED NAME: _____

SIGNATURE: _____

The following is to be completed by company representative

Please fill in ALL blanks. Enter N/A if an item is not applicable to the above individual.
(Note: Information provided may require additional documentation)

Rental Address: _____

Rental Status? Current Previous

Property Type? House Apartment Room Other: _____

Rental Start Date: _____ Rental End Date: _____

Monthly Rental Rate: \$ _____ Was it paid on time? Yes No

Outstanding Monies Owed: Yes No If yes, amount: \$ _____

of Occupants: _____ Names: _____

Are you related to anyone listed in this household by blood/marriage? Yes No

Reason for Moving: _____

Proper Notice Given? Yes No

GENERAL QUESTIONS

Households care of rental unit?

Good Fair Poor

Was the property left in rentable condition after move out?

Yes No

Was the property damaged during occupancy?

Yes No

Were there any complaints made against household?

Yes No

Was household responsible for paying utilities?

Yes No

Did the household have pets?

Yes No

Type: _____

Would you rent to anyone in this household again?

Yes No

AUTHORIZED REPRESENTATIVE:

I certify that the above information is true and correct to the best of my knowledge.

Signature/Title: _____

Date: _____

Printed Name: _____

Direct Phone: _____

Company Name: _____

Email: _____



RELEASE AND CONSENT OF INFORMATION

I _____, 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 Bellevue Gardens for the purpose of verifying information on my rental application and continued residency.

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, credit history, civil and criminal information, records of arrest, rental history, employment, details of income and assets, and student status. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation as a qualified resident.

I hereby expressly release Bellevue Gardens and any procurer or furnisher of information from any liability in the use, procurement, or furnishing of such information, and further understand that my application information may be provided to various local, state, and/or federal government agencies, including, without limitation, various law enforcement agencies.

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).”

HUD (Department of Housing & Urban Development) and the IRS Low Income Housing Tax Credit Guidelines (Section 42 of the Internal Revenue Service Code) require this Apartment Community to verify this information for the above referenced individual.

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

Past or Present Employers	Welfare Agencies	Veterans Administration
Previous and Current Landlords	State Unemployment Agencies	Retirement Systems
Child Support Providers	Alimony Providers	Banking Institutions
Schools and Colleges	Social Security Administration	Courts
Law Enforcement Agencies	Utility Providers	Public Housing Agencies

I 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 as long as I am a resident of this property. I understand that I have a right to review this file and correct any information that is incorrect.

SIGNATURE:

Applicant/Resident**Printed Name****Date**

Each adult member applying for residency must complete a resident release and consent form.

Return Verifications to:

Bellevue Gardens
3940 Rosedale Avenue, #100
Richmond, VA 23227
bellevuegardensmgr@envolvellc.com
Phone (804) 992-9001
Fax (804) 992-9002 |

EQUAL HOUSING OPPORTUNITY

Rev. 06-12-2015



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I hereby expressly release Bellevue Gardens and any procurer or furnisher of information from any liability in the use, procurement, or furnishing of such information, and further understand that my application information may be provided to various local, state, and/or federal government agencies, including, without limitation, various law enforcement agencies.

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Past or Present Employers	Welfare Agencies	Veterans Administration
Previous and Current Landlords	State Unemployment Agencies	Retirement Systems
Child Support Providers	Alimony Providers	Banking Institutions
Schools and Colleges	Social Security Administration	Courts
Law Enforcement Agencies	Utility Providers	Public Housing Agencies

I 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 as long as I am a resident of this property. I understand that I have a right to review this file and correct any information that is incorrect.

SIGNATURE:

Applicant/Resident**Printed Name****Date**

Each adult member applying for residency must complete a resident release and consent form.

Return Verifications to:

Bellevue Gardens
3940 Rosedale Avenue, #100
Richmond, VA 23227
bellevuegardensmgr@envolvellc.com
Phone (804) 992-9001
Fax (804) 992-9002 |

EQUAL HOUSING OPPORTUNITY

Rev. 06-12-2015



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 Virginia Housing, you are requested to provide certain information that will enable Bellevue Gardens 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 Virginia Housing 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 Virginia Housing, 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) _____

By: _____

UNEMPLOYED APPLICANT/RESIDENT AFFIDAVIT

I have applied/reside at: _____

Name: _____ Unit No: _____

I attest to the following:

I am not presently employed and not aware of an employment start date, but anticipate becoming employed within the next twelve (12) months.

Based on my past work experience, skills, and income history as shown on my most recent tax return (copy attached) and adjustments to reflect circumstances anticipated within the next twelve (12) months, I expect to earn \$ _____ per year once I become employed.

If no tax return has been filed with the Internal Revenue Service or with the state, please attach notarized self-affidavit for explanation.

I am not presently employed, but I am aware of an employment start date of _____ at a rate of \$ _____ per (hour/ week/ month).

I am not presently employed and *do not anticipate* becoming employed within the next twelve (12) months.

Warning: Section 1010 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

Signature

Date

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Signature

Date

CHILD SUPPORT CERTIFICATION

One form to be completed per household when applicable.

Development Name: _____

Applicant/Resident Name: _____ Unit No: _____

Certification Type: Initial Recertification (Effective Date: _____)

PART 1 – SELECT ONE OPTION:

Yes Child Support **IS** being collected and distributed to this household through a child support enforcement agency.

(Include CSE printout as documentation of child support received over the past 12 months.)

No Child Support is **NOT** being collected and distributed to this household through a child support enforcement agency.

PART 2 – CHECK ALL THAT APPLY:

In addition to any child support disclosed in Part 1, support/compensation **IS** being received for the following:

NAME	AMOUNT	FREQUENCY
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:

Support/compensation is **NOT** being received from any source for the following:

NAME

NAME

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

CHILD SUPPORT CERTIFICATION

One form to be completed per household when applicable.

Development Name: _____

Applicant/Resident Name: _____ Unit No: _____

Certification Type: Initial Recertification (Effective Date: _____)

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		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:

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Applicant/Resident Signature

Date

STUDENT STATUS/ASSISTANCE VERIFICATION

DATE: _____

SCHOOL NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

The individual named below is an applicant/resident of a housing program that requires verification of student status. The information provided will remain confidential and used only to determine eligibility. Please complete and return promptly.

DEVELOPMENT NAME: Bellevue Gardens _____

EMAIL: _____

PHONE: _____ FAX: _____

RELEASE STATEMENT FOR APPLICANT/RESIDENT I hereby authorize the above-named management agent to make inquiries regarding release of information for the purpose of determining my eligibility for occupancy.

PRINTED NAME: _____

SIGNATURE: _____

The following is to be completed by school representative

Please fill in ALL blanks. Enter N/A if an item is not applicable to the above-named student, for the current calendar year
(Note: Information provided may require additional documentation)

PART 1 – PLEASE COMPLETE:

Currently Enrolled: Yes No

If yes, Enrollment Date: _____

If no, has this individual been a student in ANY month in the current calendar year of _____ Yes No

If no, Last Class Date: _____ (Skip Part 2 & 3; Sign & Date the bottom)

If yes, please complete Part 2 (skip Part 3).

PART 2 – PLEASE COMPLETE:

Please indicate the individual student's full-time (FT) or part-time (PT) status for each month in the calendar year _____:

(Note: part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution)

January	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	May	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	September	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
February	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	June	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	October	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
March	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	July	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	November	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
April	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	August	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	December	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A

Is student a participant in a program funded under the Workforce Innovation and Opportunity Act or a similar program? Yes No

PART 3 – PLEASE COMPLETE:

Total cost of tuition & fees \$ _____ Per Semester Per Quarter

Total cost of room & board \$ _____ Per Semester Per Quarter

Total financial assistance including scholarships, grants, etc. per semester (public or private, excluding student loans)

TYPE	SOURCE	AMOUNT	FREQUENCY
Grants or Federal/State Aid (Assistance under HEA Title IV)		\$	<input type="checkbox"/> Per Semester <input type="checkbox"/> Per Quarter
Scholarships (combined)		\$	<input type="checkbox"/> Per Semester <input type="checkbox"/> Per Quarter
Other Source		\$	<input type="checkbox"/> Per Semester <input type="checkbox"/> Per Quarter

AUTHORIZED REPRESENTATIVE:

I certify that the above information is true and correct to the best of my knowledge.

Signature/Title: _____

Date: _____

Printed Name: _____

Direct Phone: _____

School Name: _____

Email: _____



ASSET SELF-CERTIFICATION

For households whose combined net assets do not exceed the applicable Imputed Income Limitation.

(Complete only one form per household; include assets of children.)

For the following asset types, include the current Cash Value of each asset held by any family member and the actual income that the asset earns. *Cash value is **current market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.*

Household Name:				Unit#:	
-----------------	--	--	--	--------	--

PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)

Yes No Within the past two (2) years, I/we have sold or given away assets below their fair market value (FMV).

Asset #1: _____ Date of Disposal: _____ FMV - amt received: _____

Asset #2: _____ Date of Disposal: _____ FMV - amt received: _____

PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT

Have you received a federal tax return or refundable federal tax credit in the last 12 months? Yes No

Amount of return/credit: \$ _____

PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)

<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we do not have any non-necessary personal property				
Type of Asset	(A) Cash Value*	(B) Annual Income	Type of Asset	(A) Cash Value*	(B) Annual Income
Cash on Hand	\$ _____	N/AP	Cryptocurrency	\$ _____	\$ _____
Pre-paid Debit Card (including Govt. Benefits)	\$ _____	N/AP	Money Market/ CD	\$ _____	\$ _____
Checking/Savings	\$ _____	\$ _____	Annuities	\$ _____	\$ _____
Checking/Savings	\$ _____	\$ _____	Brokerage Account	\$ _____	\$ _____
Savings	\$ _____	\$ _____	Stocks/Bonds	\$ _____	\$ _____
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)	\$ _____	\$ _____	Other: _____	\$ _____	\$ _____
Whole Life Insurance	\$ _____	\$ _____	Other: _____	\$ _____	\$ _____

Non-Account Based

Possessions not general held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business

Description	(A) Cash Value *
	\$ _____
	\$ _____
	\$ _____
	\$ _____

PART IV. REAL PROPERTY

<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we do not have any real property		
Description of Property	(C) Cash Value*	(D) Income	
	\$ _____	\$ _____	
	\$ _____	\$ _____	

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).