LANDLORD REFERENCE FORM

TO CURRENT/PREVIOUS LANDLORD: The applicant named below has applied for an apartment at the Cliffs Edge Lofts, Midpoint Apartments and/or Imperial Tobacco Lofts. Your answers will be used to help determine the renter's eligibility. Thank you for your cooperation.

THIS SECTION TO BE COMPLETED BY APPLICANT(S)

Applicant Name(s): David Saunders

Address of Applicant's Rental: Imperial Tobacco Lofts

Name of Property Rental/Rental Company: _____

Property Manager/Property Owner: Sharon

Phone: (804) 521-4141 Fax: (804) 521-4140 Email: davidS@madisonmain.com

My signature(s) below as an applicant authorizes the release of my previous renter's history:

Applicant(s) Signature(s): _____ Date: 11/13/18

THIS SECTION TO BE EXECUTED BY MANAGEMENT, COMPLETED BY LANDLORD

When did the applicant(s) rent this property? From: _____ To: _____

Property Type? House _____ Apartment _____ Room _____

What was their monthly rent? $ _____ Was it paid on time? _____

Were they responsible for utilities? _____

What was their security deposit? $ _____ Will it be returned? _____

If security deposit will NOT be returned, please explain: _____

Did they get along with their neighbors? _____

What were their overall housekeeping habits? _____

Did they give proper notice before moving out? _____

Would you rent to them again? YES _____ NO _____ CONDITIONAL _____

PRINTED NAME OF PERSON COMPLETING FORM: _____

TITLE OF PERSON COMPLETING FORM: _____

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN THIS FORM TO:

CLIFFS EDGE LOFTS / MIDPOINT APARTMENTS / IMPERIAL TOBACCO LOFTS

Sara Schott, Property Management - **PHONE:** 540-855-7194 – **FAX:** 866-545-4406 – **EMAIL:** sberry@altus-group-inc.com

EMPLOYMENT VERIFICATION FORM

THIS SECTION TO BE COMPLETED BY APPLICANT

☐ 1st Request _____
☐ 2nd Request _____

TO: (Name & Address of Employer)
Madison & Main
101 E Cary St.
Richmond, VA 23219

HR's Phone Number: (915) 525-0435
Supervisor's Name: Molly Quarles
Phone Number: (804) 501-4141

RE: Dale Saunders (Applicant/Resident Name)
227-29-6577 (Social Security Number)

I hereby authorize release of my employment information.

Signature of Applicant/Resident

11/18/18
Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner / Management Agent

PLEASE RETURN FORM TO:
CLIFFS EDGE LOFTS / MIDPOINT APARTMENTS / IMPERIAL TOBACCO LOFTS
Sara Schott, Property Management
PHONE: 540-855-7194 / **FAX:** 866-545-4406
EMAIL: sberry@altus-group-inc.com

THIS SECTION TO BE EXECUTED BY MANAGEMENT, COMPLETED BY EMPLOYER

Please use **GROSS** amounts and do not leave any sections blank (enter zero (0) or N/A.)

Employee Name: _____ Job Title: _____

Presently Employed: Yes ___ No ___ Date First Employed: _____ Last Date of Employment _____

Current Wages/Salary $_____ (circle one) *hourly weekly biweekly semi-monthly monthly yearly other*

Number of regular hours per week _____

Overtime Rate $_____per hour Number of overtime hours per week _____

Shift Differential Rate $_____ per hour Number of shift differential hours per week _____

Commissions, bonuses, tips, other $_____ (circle one) *hourly weekly biweekly semi-monthly monthly yearly*

List any anticipated change in the employee's rate of pay within the next 12 months _____ Effective date _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s) _____

Additional remarks _____

Employer's Signature | Employer's Printed Name | Date

Employer (Company) Name and Address

Phone # | Fax # | E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

CANCELLATION POLICY

Cancellation must be provided in writing. Applicant(s) has 48 hours to cancel leasing process following notification of approval for an apartment. Reservation deposit will be forfeited in the event of cancellation.

ALL APPLICATION FEES ARE NON-REFUNDABLE.

RESIDENT STATEMENT

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all necessary information provided on this application, and my/our signature(s) hereto evidence my/our consent to obtain all such verifications. I/WE FURTHER CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE.

"I/We hereby authorize Cliff Edge Lofts Manager, LLC and/or 1101 Jefferson, LLC and/or 1220 Commerce, LLC to obtain a consumer credit report, and any other information it may deem necessary, for the purpose of evaluating my/our rental application. I/ We understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment salary details, vehicle records, licensing records, and/or any other necessary information. This Authorization expressly grants the right to run additional reports at any time Cliffs Edge Lofts Manager, LLC and/or 1101 Jefferson, LLC and/or 1220 Commerce, LLC deems them to be necessary and includes any report to further the renewal of a lease or to collect monies due and owed. **I hereby expressly release Cliffs Edge Lofts Manager, LLC and/or 1101 Jefferson, LLC and/or 1220 Commerce, LLC and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my/our application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies."**

David W. Saunders
Print Name

11/13/18
Date

Signature of Applicant

FOR OFFICE USE ONLY:

Apartment Name & Number Desired	Date Desired	Length of Lease	Monthly Rent Amount (does NOT include $99 Amenities Fee)	Application Fee & Holding Dep	How did applicant hear about our company? (Resident Referral?)	Application Received By	Date Application Received

Special lease notes:

EMERGENCY CONTACTS: (Please note contact information for the persons that you would prefer to be contacted in the event of a personal emergency. Do NOT include persons that will be living with you.)

1. Susan Saunders Ex-wife
Last First Middle Relationship

8512 Day Knolls Ter Midlothian, VA 23112
Number and Street City State Zip

(804) 245-6695 (804) 245-6695 sue.texasinn@gmail.com
Mobile Phone Work Phone Email

2. Saunders, Hattie Daughter
Last First Middle Relationship

Hermsonburg VA
Number and Street City State Zip

(804) 316-0200 N/A hatties1998@verizon.net
Mobile Phone Work Phone Email

2. _____

Previous employer | Length of Employment | Business Phone Number

_____

Business address | City | State | Zip

_____

Position | Monthly GROSS salary

FINANCIAL INFORMATION:

1. V.C.B | checking / savings | $183,000

Financial institution | Type of Account | Interest Earned | Balance in account

2. BB+T | " | " | $65,000

Financial institution | Type of Account | Interest Earned | Balance in account

3. $6000

Amount of cash on hand (Required)

If noting a checking account above, please list a 6 month average balance for the account.

VEHICLE INFORMATION:

13 | Jeep | Wrangler | Green | MADMAIN | VA

Year | Make | Model | Color | License Plate Number | State Where Registered

ADDITIONAL OCCUPANTS: (Please list any additional occupants that will be living in the apartment. ALL occupants age 18 and older must complete a SEPARATE application.)

_____

_____

Do you have pets? NO **Please list number of and type of pet(s).** _____

_____

CURRENT EMPLOYMENT:

1. Madison + Main | 13 ½ | (804) 521-4141
Current Employer | Length of Employment | Business Phone Number

101 E. Cary St. | Richmond | VA | 23219
Business address | City | State | Zip

President | $10,000
Position | Monthly GROSS salary

ADDITIONAL sources of income and amounts: 3 additional businesses $10,000 per month

2. N/A
Current Employer | Length of Employment | Business Phone Number

Business address | City | State | Zip

Position | Monthly GROSS salary

PREVIOUS EMPLOYMENT: (If you have NOT been employed at your current company for the previous 2 years, please note any/all employment you held within the previous 2 years. You will need to complete an Employment Verification form (page 9) for every company that makes your 2 years of consecutive employment)

1.
Previous Employer | Length of Employment | Business Phone Number

Business address | City | State | Zip

Position | Monthly GROSS salary

NAME AND PERSONAL INFORMATION:

Saunders	David	W.	10/31/67	227-29-6577
Last	First	Middle	Date of Birth	Social Security Number

CONTACT INFORMATION:

(804) 909-4303	(804) 521-4141	davidS@madisonmain.com
Mobile Phone	Work Phone	Email

CURRENT ADDRESS:

8512 Bay Knolls Ter	Midlothian	VA	23112
Number and Street	City	State	Zip

16 1/2	Own	
Length of residence	Do you own or rent this home?	Rent Rate, if applicable

Continued Ownership

If you own your home, please indicate the status. (Home is for sale, for rent, continued ownership, etc.)

PREVIOUS ADDRESS(ES): (Complete if current address has been occupied for LESS THAN ONE YEAR.)

1. _____
   Number and Street City State Zip

   _____
   Length of residence Do you own or rent this home? Rent Rate, if applicable

2. _____
   Number and Street City State Zip

   _____
   Length of residence Do you own or rent this home? Rent Rate, if applicable

REQUIRED: List ALL states where you have previously resided: _____

Credit: CREDIT INFORMATION ON EACH APPLICANT WILL BE OBTAINED THROUGH A NATIONAL CREDIT-REPORTING AGENCY. CREDIT HISTORY SHOULD POSITIVELY REFLECT THE APPLICANT'S ABILITY AND WILLINGNESS TO MAKE PAYMENTS AS REQUIRED BY THE LEASE.

Rental Record: A satisfactory reference from previous landlord, i.e., compliance with the requirements of the lease as to payment of rent and observance of other obligations of the tenant specified therein.

Background Check: A criminal search, eviction history, and previous address history will be collected for each applicant and evaluated by management.

LEASE, RULES AND REGULATIONS

All applicants must sign a lease and related rules and regulations before occupancy. We expect full compliance with these documents by all residents. Copies of these may be obtained from the rental staff for your preview.

As provided by the Government Data Collection and Dissemination Practices Act, anyone who is requested to provide personal information about him/herself must be informed whether he/she is legally required to provide such information, or whether he/she may refuse to supply the information requested. 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.

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 Virginia Privacy Protection Act.

David W. Saunders
Print Name

11/13/18
Date

Signature of Applicant

EQUAL HOUSING OPPORTUNITY

CLIFFS EDGE LOFTS MANAGER LLC (CLIFFS EDGE LOFTS)
1101 JEFFERSON LLC (MIDPOINT APARTMENTS)
1220 COMMERCE LLC (IMPERIAL TOBACCO LOFTS)
RESIDENTIAL APPLICATION

612 Commerce Street / 1101 Jefferson Street / 1220 Commerce Street, Lynchburg, VA 24504

Cliffs Edge Lofts Manager, LLC (Cliffs Edge Lofts) AND 1101 Jefferson, LLC, (Midpoint Apartments) AND 1220 Commerce, LLC (Imperial Tobacco Lofts) do business in accordance with the Fair Housing Amendments Act of 1988 and the Virginia Fair Housing Law, which specifies that it is illegal to discriminate against any person in residential real estate transactions because of race, color, sex, religion, physical or mental handicap, familial status, age or national origin. All lease signers must be at least 18 years of age or older.

APPLICATION FEE
Application fee is $50 per applicant and is non-refundable.

HOLDING DEPOSIT/RESERVATION DEPOSIT
A reservation deposit of $250.00 (by separate Cashiers Check or Money Order) may be submitted by applicant to indicate serious intent to follow through upon notification of approval. If applicant is not approved for residency, this deposit will be refunded. If applicant is approved, this deposit may be used to hold a specific unit off the market for up to 1 week, during which time a Lease must be executed with a mutually agreeable start date, using the deposit as part of the total Security Deposit for the Lease. If applicant fails to execute a lease as mentioned above, this Reservation Deposit becomes the property of Cliffs Edge Lofts/Midpoint Apartments/Imperial Tobacco Lofts and any further pursuit by applicant for another unit will be void and separate from the above timetable.

SECURITY DEPOSIT
A security deposit, which is equivalent to one month's rent, is required before residency. In the event your application is not approved, any security deposit you have paid will be refunded. If your application is approved, the security deposit will be held until you vacate the premises. At that time, your security deposit, in addition to any interest due will be refunded in compliance with the terms of your lease and applicable Virginia statutes.

PETS
Cliffs Edge Lofts/Midpoint Apartments/Imperial Tobacco Lofts has a $250 non-refundable pet fee for a limit of two pets (dogs, cats or other, as approved) not to exceed a total weight of 75 pounds per apartment. There are strict requirements/expectations for responsible pet ownership.

QUALIFICATION RESTRICTIONS

Applicants for rental of a dwelling unit are subject to approval as follows:

Income: The total gross monthly income of the applicant must be equal or exceed an amount equal to three (3) times the monthly rental for that particular dwelling unit. Two or more applications must be equal or exceed an amount equal to five (5) times the monthly rental for that particular dwelling unit. Co-Signer's are accepted; however the gross monthly income of the co-signer must equal or exceed five (5) times the monthly rental for that particular dwelling.

GOVERNMENT DATA COLLECTION AND DISSEMINATION PRACTICES ACT LETTER

MARKET RATE DEVELOPMENTS

Dear (Mr./Mrs./Ms.) David Saunders,
(APPLICANT PRINT NAME)

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 Cliffs Edge Lofts Manager, LLC (Cliffs Edge Lofts) and/or 1101 Jefferson, LLC (Midpoint Apartments) and/or 1220 Commerce, LLC (Imperial Tobacco Lofts) 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

Date: 11/10/18

By: _____
(APPLICANT SIGNATURE)

VHDA Form No. MD:202
01/07

MD: 202.DOC