



FISHING BAY ESTATES –DELTAVILLE, VA
RENTAL APPLICATION



(USDA RURAL DEVELOPMENT 515 PROGRAM)
(Office Use Only: Date / Time Received _____)

Thank you for your interest in Fishing Bay Estates. In order for us to swiftly process your application, we will need the following: a **fully completed** application (leave nothing blank-write N/A by what does not comply); copy of Social Security card(s); copy of any document that verifies age (driver's license, birth certificate or SS benefit letter) or disability, if applicable; proof of income (SS and/or SSI benefits letter, 3 pay stubs, divorce decree, past year's tax return w/ W-2s and/or other); and **credit/background fee check or money order for \$20.00**. Please mail to: **Fishing Bay Estates; 425 Fishing Bay Road, #B; Deltaville, VA 23043** or email to info@fishingbayestates.com.

A. GENERAL INFORMATION

Name of Applicant(s) _____ / _____

Current Address: _____

Street Apt. # City/State Zip

Telephone # _____ (Home); _____ (Cell); _____ (Work)

Email Address _____

Do you own ____ or rent ____? Current monthly rent/mortgage payment is \$ ____.

Approx. monthly cost of utilities paid by you (exclude phone & cable TV) \$ ____

No. of bedrooms in current residence ____ No. of persons in current household ____

Bedroom type requested at Fishing Bay Estates: One Bedroom Regular _____

One Bedroom Handicap _____: Wheelchair _____ Visual/Hearing _____

List ALL persons who would live in the Fishing Bay Estates apartment (Maximum, two).

NAME RELATIONSHIP BIRTHDATE SOC. SEC #

1. HEAD _____

2. _____

Is anyone in household a full time student? Yes __ No __ Name(s) _____

B. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW

SOURCE OF INCOME	APPLICANT	CO-APPLICANT
Social Security.....	Gross Mo. Amt. \$	\$
Pension (Source: _____)	Gross Mo. Amt. \$	\$
Veterans Benefits.....	Gross Mo. Amt. \$	\$
SSI Benefits.....	Mo. Amt. \$	\$
Unemployment Comp.....	Mo. Amt. \$	\$
Wages.....	Gross Mo. Amt. \$	\$
Self Employment	Net Mo. Amt. \$	\$
Full time student income (if 18 or over),	Gross Mo. Amt. \$	
Alimony (Source: _____)	Mo. Amt. \$	\$
Interest Income (Source: _____)	Mo. Amt. \$	\$
Rental Income (Source: _____)	Net Mo. Amt. \$	\$
Other Income (Source: _____)	Gross Mo. Amt. \$	\$

TOTAL GROSS ANNUAL INCOME (Monthly Amts above multiplied by 12) \$ _____

List any changes you anticipate in next 12 months? _____

Do you hold a Section 8 voucher? No __ Yes __. If yes, explain status _____

Will you request RD Rental Assistance if available? No __ Yes __

Will any other person or any other agency assist you with your housing/living expenses?

No __ Yes __. If yes, explain _____

C. ASSETS

Cash Assets (last six month’s average daily balance):

Checking Acct(s) Bank _____ Address _____ Balance \$ _____
Bank _____ Address _____ Balance \$ _____
Savings Acct(s) Bank _____ Address _____ Balance \$ _____
Bank _____ Address _____ Balance \$ _____
Trust Accounts Bank _____ Address _____ Balance \$ _____
Certificates Bank _____ Address _____ Balance \$ _____
Credit Union CU _____ Address _____ Balance \$ _____
Whole Life Insurance Co.: _____ Face Value \$ _____ Cash Value \$ _____

Real Property: Do you own real property? Yes___ No___ If Yes, list type: _____;
Location: _____; Appraised or assessed value \$ _____;
Mortgage or Outstanding Loan \$ _____
Have you sold/dispensed of any real property in the last 2 Years? Yes___ No___
If yes, list type of property _____; market value when sold/dispensed of
\$ _____; amount sold for/dispensed of \$ _____; date of transaction _____

Other Assets: Do you have any assets not listed above (excluding personal property)?
Yes___ No___ . If yes, list: _____
Have you disposed of any other assets in the last 2 years (i.e.: given money to relatives, set up
Irrevocable Trusts)? Yes___ No___ If yes, list type of asset(s) _____; market
value when sold/dispensed of \$ _____; amount sold for/dispensed of \$ _____; date of
disposition _____

D. MEDICAL/CHILDCARE/DISABLED ASSISTANCE EXPENSES

Medical Costs: (Head of Household or Spouse is 62 or Older, Disabled/Handicapped).

1. Medicare Premiums: monthly amount paid \$ _____
2. Medical Insurance Coverage-Name of Insurance Company _____
Address _____ Monthly Amount \$ _____
3. Anticipated Medical/Drug/Prescription/Non Prescription costs NOT covered by insurance
OR reimbursed: monthly amount \$ _____
4. Medical bills on which you are making payments: Balance due \$ _____ monthly
payments \$ _____ Payable to _____
5. Medical related travel costs \$ _____
6. Projected medical costs NOT covered by Insurance or reimbursed for the next 12 months
\$ _____ \$ _____ \$ _____
7. **Childcare Costs:** Complete ONLY for children 12 and younger:
Name(s) of children cared for _____ Age _____
Name & Address of person OR agency caring for children _____
Weekly cost for childcare due to employment \$ _____ or education \$ _____.
8. **Disabled Assistance Expenses:** Attendant care and/or apparatus expense that enables
disabled applicants or others in the household to work. List only if disabled expenses allow
someone in the household to work _____.

E. PROGRAM INFORMATION (Explain below anything you think will be helpful)

1. Are you displaced? Yes___ No___ Agency _____
2. Are you paying more than 50% of Gross Income for Rent/Utilities? Yes___ No___
3. Are you applying for status as an “Elderly Household,” (defined by USDA Rural
Development as tenant or co-tenant 62 or older--**OR disabled**)? Yes___ No___
4. Would anyone in household benefit from a wheelchair/other handicapped accessible unit:
Yes___ No___ If so, would you like to request an adapted unit? Yes___ No___
5. Are you currently living in Subsidized Housing? Yes___ No___
6. Have you ever resided in a Project financed and/or Subsidized by the Government?
Yes___ No___ If Yes, Name & Address _____
7. Have you ever been evicted? Yes___ No___ When and why? _____
8. Have you ever been convicted of a felony? Yes___ No___ If so, when and for what?

9. Are you currently using illegal drugs? Yes___ No___
10. Have you ever been convicted of sale, distribution, or possession of illegal drugs?
Yes___ No___
11. Are you now or will you become a part time/full time student prior to move-in? _____
12. How did you hear about this housing? _____
13. Will you take an apartment when one is available? Yes___ No___

14. Briefly describe your reasons for applying_____

F. REFERENCE INFORMATION (past three years)

Current Landlord: Name _____ Address _____
Phone # _____ Email Address _____
Dates of residency _____
Prior-Landlord: Name _____ Address _____
Phone # _____ Email Address _____
Dates of residency _____

G. CREDIT REFERENCES AND HISTORY

1. Name _____ 2. Name _____
Address _____ Address _____
City/State/Zip _____ City/State/Zip _____
2. **Credit History:** Has any member of household filed for bankruptcy in past 10 years, have unpaid judgments or have other seriously delinquent debt? Yes__ No __ If Yes, explain: _____

Current Obligations: List below:

Credit Cards Balance \$ _____ Monthly Payment \$ _____
Car loan Balance \$ _____ Monthly Payment \$ _____
Mortgage Balance \$ _____ Monthly Payment \$ _____
Personal loan Balance \$ _____ Monthly Payment \$ _____
Other _____

H. PERSONAL REFERENCES

1. Name _____ 2. Name _____
Relationship _____ Relationship _____
Address _____ Address _____
Phone _____ Phone _____
Email Address _____ Email Address _____
In Case of Emergency Notify: _____ Relationship _____
Address _____ Phone _____

I. OTHER INFORMATION

Vehicles Owned: Type _____ Year/Make _____ Color _____
License Plate # _____ Driver's License # _____

Pets: Do you own a pet (one may be allowed) or service animal (i.e, seeing eye dog) that you wish to occupy your unit? Yes __ No __ If Yes, describe _____
(If pet, see copy of Fishing Bay Estates' Pet Policy regarding extra Deposit requirements and owner responsibilities; if service animal, verification is required).

Smoking: Are you a smoker? Yes__ No __ [Because of history of nicotine damage to property and health concerns of other tenants, smoking is prohibited in all rental units].

J. CERTIFICATION/AUTHORIZATION

CERTIFICATION

I hereby certify that I will not maintain a subsidized rental unit in another location. I further certify that this will be my primary residence. I understand I must pay a security deposit and an additional pet deposit (if applicable) for this apartment. I understand that my eligibility for housing will be based on Rural Development income limits and by Fishing Bay Estates selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE(S):

Applicant _____ Co-Applicant (if applicable) _____
Date _____ Date _____

AUTHORIZATION

I do hereby authorize Fishing Bay Estates and its staff or authorized representative to contact any agencies, credit bureaus, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administrated by USDA Rural Development. I further authorize Fishing Bay Estates and USDA Rural Development, if necessary, to verify all information listed on this application.

SIGNATURE(S):

Applicant

Date_

Co-Applicant (if applicable)

Date_

FAMILY HOUSEHOLD COMPOSITION

“The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.”

Applicant: **Race:** ___ Amer. Indian or Alaskan Native; ___ Asian; ___ Black or African American; ___ Native Hawaiian or Pacific Islander; or ___ White.

Ethnicity: Hispanic; Non-Hispanic **Sex:**

Sex: _____

Co-Applicant: **Race:** ___ Amer. Indian or Alaskan Native; ___ Asian; ___ Black or African American; ___ Native Hawaiian or Pacific Islander; or ___ White.

Ethnicity: ____ Hispanic; ____ Non-Hispanic **Sex:** ____

Sex: _____

Note: *The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, disability, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.*

If you have questions, write, call or email:

Fishing Bay Estates

425B Fishing Bay Rd

Deltaville, VA 23043

Phone 804-776-0146 Cell: 804-854-1521

TDD off-site relay number: 711

Email: info@fishingbaystates.com

Visit our website: **<http://www.fishingbaystates.com>**

Form revised Feb 28, 2022