

For Office Use Only		
Date & Time Received:		Received By ( <i>Management Signature</i> ):
Unit:	Move-In Date:	

## Application for Rental Housing

Property Contact Information			
<b>Property Name:</b> Lambert Landing I			
<b>Street Address:</b> 11424 Elokomin Ave			
<b>City:</b> Chester	<b>State:</b> VA	<b>Zip:</b> 23831	
<b>Phone:</b> 804-920-0845	<b>Phone (TTY):</b> 711	<b>Fax:</b> (252) 558-0773	
<b>Email:</b> <a href="mailto:lambertlandingi@wodagroup.com">lambertlandingi@wodagroup.com</a>		<b>Website:</b> <a href="https://lambertlanding.wodagroup">https://lambertlanding.wodagroup</a>	
<b>Office Hours:</b> 8:00am to 4:00pm Monday-Thursday			

*We encourage and support the nation’s affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, handicap, or any other class protected by state law.*



## APPLICATION SUMMARY

Preferred Unit Size:

Would anyone in this household benefit from a special needs unit or a unit accommodation due to a mobility, vision, or hearing impairment?      Yes\*      No

*\*If Yes, please complete a **Special Unit Questionnaire**.*

### HOUSEHOLD COMPOSITION - Complete one *Member Information Document* form for each member listed below.

In the space below, list all people who will live in the unit.

	Member Name	Relationship to Head of Household <i>(Ex. Head of Household, Co-Head, Spouse, Dependent, Other Adult, Live-In Aide, etc.)</i>	Phone Number <i>(optional)</i>
1			
2			
3			
4			
5			
6			
7			
8			

### ANTICIPATED ADDITIONS TO THE HOUSEHOLD - Complete one *Anticipated Household Addition* form for each.

Certain anticipated members can have an effect on the size of the unit and/or the income limits used to determine the household's program eligibility. List all applicable members who are expected to move in over the next 12 months.

Member Name	Member Type
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster

**1. Do you anticipate any other change in household composition over the next 12 months?**       Yes     No  
*(e.g. adding a new member or removing a current member)*

*If Yes, please explain:*

### HOUSEHOLD QUESTIONS

**1. Is any household member temporarily absent, but under normal conditions would live in the unit?**       Yes     No

*If Yes, please explain:*

**2. Does/Will this household receive rent assistance?** *(ex. Housing Choice Voucher, Rural Development RA, etc.)*       Yes     No

*If Yes, please indicate the source:*

**3. Has any household member received a federal tax refund / refundable tax credit in the last 12 months?**       Yes     No

*If Yes, provide the total value of tax refunds/credits received by members of this household:*      \$ \_\_\_\_\_



# APPLICATION SUMMARY

## PENALTIES FOR MISUSING THIS FORM:

*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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).*

## REQUIRED SIGNATURES

All adult household members must view all documents in the Application Package to confirm accuracy and sign below.

### Application Package Documents:

- Application Summary (One Per Household)
- Member Information Document (One Per Member)
- Income & Asset Questionnaire (One Per Adult Member / One Per Household)

Under penalty of perjury, I/we certify that all information presented in the application documents above is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in rejection of my/our application, or if move-in has already occurred, termination of my/our lease.

1.	_____	_____	_____
	<b>Member Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>
2.	_____	_____	_____
	<b>Member Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>
3.	_____	_____	_____
	<b>Member Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>
4.	_____	_____	_____
	<b>Member Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>
5.	_____	_____	_____
	<b>Member Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>
6.	_____	_____	_____
	<b>Member Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>
7.	_____	_____	_____
	<b>Member Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>
8.	_____	_____	_____
	<b>Member Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>



Preferred Language (optional): \_\_\_\_\_

## MEMBER INFORMATION DOCUMENT

Complete one form for each member of the household, regardless of age. Any household member under the age of 18 and not emancipated must have a form completed and signed by a parent/guardian in the household. Please provide your full, legal name as it appears on your legal identification document. (Ex. Driver's License, Government Issued ID, etc.).

Full Legal Name: \_\_\_\_\_

First Name

Middle Name

Last Name

### Optional Information:

Driver's License # / State ID #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:  Female  Male  Decline to Disclose

Check box if member is an emancipated minor.

Social Security Number (SSN): \_\_\_\_\_ (If you do not have a SSN please enter 999-99-9999)

### Complete Part A and Part B (as applicable), then sign and date the form.

**Part A:** This section is optional to household members who are **foster children, foster adults, or live-in aides.**

1. Student Status:      Full-Time Student      Part-Time Student      Not a Student

2. Marital Status (optional): \_\_\_\_\_

**Part B:** Complete this section if the member is **under 18 years old and not emancipated:**

1. Will this member live in the unit at least 50% of the time?  Yes  No

2. Will this member live with both parents in the unit?  Yes  No \*

*\*If you answered **No**, please complete a **Child Support Self-Certification**.*

3. Name of the parent/guardian who will sign paperwork on this member's behalf: \_\_\_\_\_

### MEMBER SIGNATURE REQUIRED:

I hereby certify the information provided above is accurate and complete to the best of my knowledge.

Member Signature

Printed Name

Date

Check here if an adult signed for a child.



Section 1001 of Title 18 of 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.

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Preferred Language (optional): \_\_\_\_\_

## MEMBER INFORMATION DOCUMENT

Complete one form for each member of the household, regardless of age. Any household member under the age of 18 and not emancipated must have a form completed and signed by a parent/guardian in the household. Please provide your full, legal name as it appears on your legal identification document. (Ex. Driver's License, Government Issued ID, etc.).

Full Legal Name: \_\_\_\_\_

First Name

Middle Name

Last Name

### Optional Information:

Driver's License # / State ID #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:  Female  Male  Decline to Disclose

Check box if member is an emancipated minor.

Social Security Number (SSN): \_\_\_\_\_ (If you do not have a SSN please enter 999-99-9999)

### Complete Part A and Part B (as applicable), then sign and date the form.

**Part A:** This section is optional to household members who are **foster children, foster adults, or live-in aides.**

1. Student Status:      Full-Time Student      Part-Time Student      Not a Student

2. Marital Status (optional): \_\_\_\_\_

**Part B:** Complete this section if the member is **under 18 years old and not emancipated:**

1. Will this member live in the unit at least 50% of the time?  Yes  No

2. Will this member live with both parents in the unit?  Yes  No \*

*\*If you answered **No**, please complete a **Child Support Self-Certification**.*

3. Name of the parent/guardian who will sign paperwork on this member's behalf: \_\_\_\_\_

### MEMBER SIGNATURE REQUIRED:

I hereby certify the information provided above is accurate and complete to the best of my knowledge.

Member Signature

Printed Name

Date

Check here if an adult signed for a child.



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# Housing History Disclosure

Property Name: Lambert Landing I Member Name: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Please provide the last 24 months of housing history. All adult household members must complete this form at move-in.

Check this box if you had no established housing during the requested timeframe and provide a brief explanation below.

Explanation: \_\_\_\_\_

## Current Address

Street Address:		Apt #:
City:	State:	Zip Code:
Move-In Date (Month/Year):	Reason for leaving:	
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable):	
Landlord Name:	Landlord Phone:	

## Previous Addresses

1.	Street Address:	Apt #:
	City:	State: Zip Code:
	Reason for leaving:	
	Move-In Date (Month/Year):	Move-Out Date (Month/Year):
	(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable):
	Landlord Name:	Landlord Phone:

2.	Street Address:	Apt #:
	City:	State: Zip Code:
	Reason for leaving:	
	Move-In Date (Month/Year):	Move-Out Date (Month/Year):
	(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable):
	Landlord Name:	Landlord Phone:

3.	Street Address:	Apt #:
	City:	State: Zip Code:
	Reason for leaving:	
	Move-In Date (Month/Year):	Move-Out Date (Month/Year):
	(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable):
	Landlord Name:	Landlord Phone:

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 Signature	Printed Name	Date



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# Housing History Disclosure

Property Name: Lambert Landing I Member Name: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Please provide the last 24 months of housing history. All adult household members must complete this form at move-in.

Check this box if you had no established housing during the requested timeframe and provide a brief explanation below.

Explanation: \_\_\_\_\_

## Current Address

Street Address:		Apt #:
City:	State:	Zip Code:
Move-In Date (Month/Year):	Reason for leaving:	
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable):	
Landlord Name:	Landlord Phone:	

## Previous Addresses

1.	Street Address:	Apt #:
	City:	State: Zip Code:
	Reason for leaving:	
	Move-In Date (Month/Year):	Move-Out Date (Month/Year):
	(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable):
	Landlord Name:	Landlord Phone:

2.	Street Address:	Apt #:
	City:	State: Zip Code:
	Reason for leaving:	
	Move-In Date (Month/Year):	Move-Out Date (Month/Year):
	(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable):
	Landlord Name:	Landlord Phone:

3.	Street Address:	Apt #:
	City:	State: Zip Code:
	Reason for leaving:	
	Move-In Date (Month/Year):	Move-Out Date (Month/Year):
	(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable):
	Landlord Name:	Landlord Phone:

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 Signature	Printed Name	Date
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# Emergency Contact Form

**Property name** Lambert Landing I  
**Unit number**

**Head of household**

**Instructions:** As part of your application for housing, you have the option of providing the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

I decline to provide emergency contact information.

Name of Emergency Contact Person or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Email Address (if applicable): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Reason for Contact (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency  | <input type="checkbox"/> Assist with recertification process |
| <input type="checkbox"/> Unable to contact you                            | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance (if applicable) | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit                               | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent                             |  |

*If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.*

**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Signature of Applicant

Date





## INCOME & ASSET QUESTIONNAIRE

**For Office Use Only:**

**Certification Effective Date:**

This document reflects the sources of income & assets received by:

**Individual Member:** \_\_\_\_\_

*If selected, each adult (excluding Live-In Aides and Fosters) must complete a separate Income & Asset Questionnaire, even if the adult has zero income.*

**All Members**

OR

*If selected, one Income & Asset Questionnaire must be completed to reflect all income and asset sources within the household.*

### INCOME CHECKLIST

Identify all current and anticipated sources of income below. Include income received by minors in your care, excluding foster children. Any information provided is subject to verification.

<p><b>1. Employment Wages/Salaries</b> <span style="float: right;">Yes No</span></p> <p><i>Including, but not limited to, regular, overtime, shift differential, tips, bonuses, commissions, and seasonal employment.</i></p>	<p><b>12. Military Pay</b> <span style="float: right;">Yes No</span></p> <p><i>Including, but not limited to, basic pay, active duty pay, drill pay, IDP, HDIP, Basic Allowance for Housing.</i></p>
<p><b>2. Self-Employment</b> <span style="float: right;">Yes No</span></p> <p><i>Including, but not limited to, digital income sources such as app-based driving services, e-commerce sales, day trading, and video-based platforms.</i></p>	<p><b>13. Regular Payments from Retirement Accounts</b> <span style="float: right;">Yes No</span></p> <p><i>Include amounts received from periodic payments and/or Required Minimum Distributions (RMD).</i></p>
<p><b>3. Public Assistance</b> <span style="float: right;">Yes No</span></p> <p><i>Including, but not limited to, TANF, GA, AFDC, Cash Assistance, and other state-specific benefits. Do not count food stamps or medical assistance.</i></p>	<p><b>14. Social Security Income</b> <span style="float: right;">Yes No</span></p> <p><i>Including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI).</i></p>
<p><b>4. Regular Payments from Annuities or Life Insurance Policies</b> <span style="float: right;">Yes No</span></p>	<p><b>15. Supplemental Security Income (SSI) or State Supplemental Payments (SSP)</b> <span style="float: right;">Yes No</span></p>
<p><b>5. Disability Benefits</b> <span style="float: right;">Yes No</span></p>	<p><b>16. Veterans Benefits</b> <span style="float: right;">Yes No</span></p>
<p><b>6. Recurring Monetary Contributions</b> <span style="float: right;">Yes No</span></p> <p><i>Including, but not limited to, recurring assistance with paying rent, bills, or regular monetary gifts from individuals not living in the unit. Do not include non-monetary/in-kind donations and gifts received for holidays, birthdays, or other significant life events or milestones.</i></p>	<p><b>17. Student Financial Assistance</b> <span style="float: right;">Yes No</span></p> <p><i>Including a grant or scholarship received from the Federal government; a State, Tribe, or local government; a private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3); a business entity; or an institution of higher education.</i></p>
<p><b>8. Regular Payments from Pensions</b> <span style="float: right;">Yes No</span></p>	<p><b>18. Unemployment Benefits or Severance Pay</b> <span style="float: right;">Yes No</span></p>
<p><b>9. Regular Payments from Indian Trusts</b> <span style="float: right;">Yes No</span></p>	<p><b>19. Death Benefits</b> <span style="float: right;">Yes No</span></p>
<p><b>10. Alimony / Spousal Support</b> <span style="float: right;">Yes No</span></p>	<p><b>20. Child Support</b> <span style="float: right;">Yes No</span></p>
<p><b>11. Adoption Assistance Payments</b> <span style="float: right;">Yes No</span></p>	<p><b>21. Other Income:</b> <span style="float: right;">Yes No</span></p> <p>If Yes, list source(s):</p>



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### ASSET CHECKLIST

Identify assets you own below, but exclude retirement plans (*recognized as such by the IRS*) and Family Self-Sufficiency (FSS) Escrow Accounts. Include assets owned by minors in your care, excluding foster children. Any information provided is subject to verification.

<p><b>1. Checking Account</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p>	<p><b>10. Internet Based Assets</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p><i>Including, but not limited to, funds held in online payment accounts such as Venmo, CashApp, AppleCash, Google Pay, Samsung Pay, PayPal, etc.</i></p>
<p><b>2. Savings Account</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p><i>Do not include qualified Education Savings Accounts or ABLE Accounts.</i></p>	<p><b>11. Stocks / Bonds</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p><i>Do not include stocks or bonds invested in retirement accounts or "baby bond" accounts created, authorized, or funded by Federal, State, or local government.</i></p>
<p><b>3. Prepaid Debit Card</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p><i>Including, but not limited to, prepaid cards, reloadable cards, and cash cards used to receive government benefits or other income. (e.g. Direct Express, Reliacard, Netspend)</i></p>	<p><b>12. Brokerage Account</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p>
<p><b>4. Trust Fund Account</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p><i>Do not include irrevocable trusts or revocable trusts that are controlled by someone who does not/will not live in the unit.</i></p>	<p><b>13. Cryptocurrency</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p><i>Including, but not limited to, Bitcoin (BTC), Ethereum (ETH), Tether (USDT), Ripple (XRP), etc.</i></p>
<p><b>5. Annuities</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p>	<p><b>14. Money Market Account</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p>
<p><b>6. Certificate of Deposit (CD) Account</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p>	<p><b>15. Non-Necessary Personal Property</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p><i>Include any non-necessary personal items held as an investment. Do not include necessary personal items.</i></p>
<p><b>7. Real Estate / Real Property</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p>	<p><b>16. Vehicles (Not used for regular transport)</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p>
<p><b>8. Cash</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p><i>Include any cash that is held as savings. Only include cash that has not been invested in any of the accounts reported on this form.</i></p>	<p><b>17. Lump Sum Payment</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p>
<p><b>9. Life Insurance Policy</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p><i>Do not include term life insurance policies.</i></p>	<p><b>18. Other Asset(s):</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>If Yes, list source(s):</p>

#### Assets Disposed Of For Less Than Fair Market Value

**21.** 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 2 years.

Member Name	Asset Description	Market Value	Date Disposed	Amount Received



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## INCOME SOURCES

Please provide additional information for each source of income received, including at least one method of contact.

Member Name	Income Type	Income Source	Total Annual Income	CONTACT INFORMATION <i>(Optional)</i>	
				Mailing Address	Phone/Fax Number
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
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			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:



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### ASSET SOURCES

Please provide additional information for each asset owned. If an asset is owned by more than one person, the record should reflect only amounts owned by and accessible to the member.

Member Name	Asset Type	Asset Source	Cash Value*	Annual Income from Asset	Jointly Owned? <i>(If Yes, indicate your % of ownership)</i>	If Asset has Joint Ownership	
						Will the other owner(s) of the asset reside in the household?	
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No

\*Cash value is the market value of the asset less reasonable expenses that would be incurred in selling or converting the asset to cash.

### Adult Household Members - Review the information provided and initial below

I/We hereby certify the information provided is accurate and complete to the best of my/our knowledge.

<b>Member Initials:</b>	#1	#2	#3	#4	#5	#6	#7	#8
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Section 1001 of Title 18 of 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.

Modified 5/16/2024  
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# ANNUAL STUDENT CERTIFICATION

Effective Date: _____
Move-in Date: _____ (MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
 \_\_\_\_\_ Building Address: \_\_\_\_\_

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. \_\_\_\_\_ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.
- B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.
- C. \_\_\_\_\_ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

1.	Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)	YES	NO
2.	Are all adults single parents <i>and</i> neither they nor any of their children is a dependent of a third party except that the child(ren) may be claimed by the absent parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return)	YES	NO
3.	Is at least one student receiving Temporary Assistance to Needy Families (TANF), (provide release of information for verification purposes)	YES	NO
4.	Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation)	YES	NO
5.	Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	YES	NO

*Full-time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered an ineligible student household. Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.*

All household members age 18 or older must sign and date.

_____ Signature	_____ (Date)	_____ Signature	_____ (Date)
_____ Signature	_____ (Date)	_____ Signature	_____ (Date)

# UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.  
Complete only one form per household; include assets of children.

Head of Household Name: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Development Name and Address: 11412 Elokomin Ave Chester, VA 23831

**Complete all that apply for 1 through 4:**

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income		(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income
Savings Account(s)	\$ _____	%	\$ _____	Checking Account(s)***	\$ _____	%	\$ _____
Cash on Hand	\$ _____	N/AP	N/AP	Government Benefits****	\$ _____	%	\$ _____
Certificates of Deposit	\$ _____	%	\$ _____	Money Market Funds	\$ _____	%	\$ _____
Stocks	\$ _____	%	\$ _____	Bonds	\$ _____	%	\$ _____
IRA Account(s)	\$ _____	%	\$ _____	401(k)/403(b) Account(s)	\$ _____	%	\$ _____
Keogh Account(s)	\$ _____	%	\$ _____	Trust Funds	\$ _____	%	\$ _____
Equity in Real Estate	\$ _____	%	\$ _____	Land Contracts	\$ _____	%	\$ _____
Lump Sum Receipts	\$ _____	%	\$ _____	Capital Investments	\$ _____	%	\$ _____
Bitcoin/ Cryptocurrency	\$ _____	%	\$ _____	GoFundMe/Crowdsourcing	\$ _____	%	\$ _____
Life Insurance (Excluding Term)	\$ _____	%	\$ _____				
Other Retirement/Pension Funds not named above:	\$ _____	%	\$ _____	Explanation _____			
Personal Property Held as an Investment**	\$ _____	%	\$ _____	Explanation _____			
Other (list):	\$ _____	%	\$ _____	Explanation _____			

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

- \*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- \*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by persons with disabilities.
- \*\*\*Checking Account cash value should be the average in the checking account over the last six (6) months
- \*\*\*\*Cash Card Account used to receive government benefits or other income.

(Check either box 2 or box 3 below, not both)

- 2.  Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts equal a total of: \$ \_\_\_\_\_ (enter the difference between FMV and the amount you received).
- 3.  I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
- 4.  I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

**The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000, and the annual income from the net family assets is \$ \_\_\_\_\_ (enter the total of all (A\*B) Annual Income in section 1 above). This amount is included in total gross annual 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

\_\_\_\_\_  
Signature of Applicant/Tenant                      Date                      Signature of Applicant/Tenant                      Date

## LEASE ADDENDUM

### VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD Lambert Landing I	UNIT NO. & ADDRESS Unit:
--------	-------------------------------	-----------------------------

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

#### Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

#### Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

#### Term of the Lease Addendum

The effective date of this Lease Addendum is \_\_\_\_\_. This Lease Addendum shall continue to be in effect until the Lease is terminated.

#### VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date

## LEASE ADDENDUM

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\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date



# VAWA Acknowledgement of Receipt

**Property name** Lambert Landing I  
**Unit number**

**Household Name**

I/We have received a copy of the following documents:

1. HUD-5380: Notice of Occupancy Rights under the Violence Against Women Act
2. HUD-5382: Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation

I hereby state that everything on this statement is true to the best of my knowledge.			
1.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
2.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
3.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
4.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
5.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
6.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
7.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
8.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
9.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>

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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)\*\*



Modified 4/20/2020  
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# Household Race/Ethnicity/Disability Reporting Form

Virginia Housing requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U. S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties.

Although Virginia Housing would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. Federally assisted properties (HUD/RD) should continue to use collection formats mandated for those programs.

Property Name: Lambert Landing I Unit #: \_\_\_\_\_

**The following Race codes should be used when completing the table below:**

- 1 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 2 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 3 – Black/African American – A person having origins in any of the black racial groups of Africa.
- 4 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.

*Note: Multiple racial categories may be indicated as such: 1-5 – American Indian/Alaska Native & White, 2-5 – Asian & White, etc.*

**The following Ethnicity codes should be used when completing the table below:**

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish origin” also apply.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Disability Status:**

Enter “Y” if any member of the household is disabled according to the Fair Housing Act definition for disability (or handicap):

- A physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment or being regarded as having such an impairment. For the Fair Housing definition of “physical or mental impairment” and other terms used, please see [24 CFR 100.201](#).
- “Disability” **does not include** current, illegal, use of or addiction to a controlled substance.
- This form should not be used to document requests for reasonable accommodations. Instructions regarding further inquiries related to documenting a specific need for a reasonable accommodation may be found on the [HUD website](#) or Virginia Code in Sections [36-96.1:1](#); [36-96.3:1](#) and [36-96.3:2](#).

Enter both Race and Ethnicity codes for each household member (**code # definitions are provided above**).

Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Do not wish to furnish (initial)

Resident/Applicants’ Signatures:

\_\_\_\_\_ (date) \_\_\_\_\_ (date)  
 \_\_\_\_\_ (date) \_\_\_\_\_ (date)  
 \_\_\_\_\_ (date) \_\_\_\_\_ (date)

**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 Lambert Landing I 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDENDUM TO LEASE**

Apartment Number \_\_\_\_\_  
Landlord Lambert Landing I  
Tenant(s) \_\_\_\_\_  
Date \_\_\_\_\_

The following provisions shall be incorporated into and made a part of the Lease of even date herewith between Landlord and Tenant and shall control over any inconsistent provisions therein.

1. Eligibility. Tenant hereby acknowledges that Tenant's family income and composition and other matters relating to Tenant's eligibility for occupancy of the Apartment are material to this Lease. Prior to execution of this Lease, Tenant provided Landlord with certain information, documents and certifications with respect to Tenant's eligibility for occupancy of the Apartment. Tenant hereby warrants and confirms that such information, documents and certifications are in all respects true, accurate and complete as of the date hereof. Tenant agrees to comply with all requests hereafter made by the Landlord or the Virginia Housing Development Authority ("Virginia Housing") for information, documents, and certifications concerning Tenant's eligibility for occupancy of the Apartment. Such requests may be made annually (and shall be made no less frequently than every three years) and at such other times as Landlord or Virginia Housing may require. Tenant shall furnish all such information, documents and certifications requested by Landlord or Virginia Housing on or before the date specified in such request, which date shall not be earlier than ten (10) days from the date of receipt by Tenant of such request. Such information, documents and certifications shall in all respects be true, accurate and complete.

Any failure by Tenant to comply with any such request in accordance with the terms of this Paragraph or any falsification, misstatement or misrepresentation by Tenant of any information relating to Tenant's eligibility for occupancy of the Apartment shall be deemed a substantial and material violation of this Lease. Furthermore, in the case of any such violation of this Lease, Landlord may (subject to the prior approval of Virginia Housing and in lieu of exercising its rights or remedies arising under this Lease as a result of such violation) determine that Tenant shall no longer be eligible for occupancy of the Apartment and shall be subject to the provisions set forth below relating to ineligibility.

2. Ineligibility. In the event that (a) at the time of any determination by Landlord as to Tenant's eligibility for occupancy of the Apartment, Tenant's adjusted family income shall exceed the maximum limit then established by Virginia Housing for initial occupancy of the Apartment or (b) Tenant is otherwise determined not to be eligible for occupancy of the Apartment in accordance with criteria then established by Virginia Housing or in accordance with the provisions hereof, this Lease shall remain in full force and effect unless otherwise terminated pursuant to any of the provisions of this Lease; provided, however, that commencing on the first day of the month after Tenant becomes ineligible, Tenant shall pay a surcharge on the rent in the amount set forth in such schedule as shall be prescribed by Virginia Housing; provided, further, that the amount of such surcharge imposed by Virginia Housing shall not cause the rent (including such surcharge) to exceed the limitation imposed by Section 42 of the Internal Revenue Code, if applicable. In the event that such a surcharge is imposed, Tenant shall have the right to terminate this Lease either (a) on the first day of the month in which such surcharge is to commence or (b), upon at least thirty (30) days prior written notice to the Landlord, on the first day of the next succeeding month. For the purposes of this Lease, any such surcharge shall be deemed to be rent and shall be subject to all of the provisions hereof relating to rent. Tenant shall be obligated to pay such surcharge on the first day of each month for such period of time as Tenant shall remain ineligible for occupancy.

3. Assign or Sublease. Tenant may not, without the prior written consent of the Landlord, assign this Lease or sublet the Apartment or any part thereof or give accommodation to any roomer, lodger or other person not herein set forth, nor permit the use of the Apartment for any purposes other than as a private dwelling solely for the use of Tenant and Tenant's family consisting of the following named persons:

4. Rights of Virginia Housing. It is understood and agreed by Landlord and Tenant that Virginia Housing shall have the right (but shall not be obligated) to exercise any and all of the rights of Landlord under this Lease in the event of a breach or violation by Tenant of any of the provisions hereof.

In Witness Whereof, the parties hereto have executed these presents the day and year first above written:

TENANT(s)  
\_\_\_\_\_(SEAL)  
\_\_\_\_\_(SEAL)

LANDLORD  
\_\_\_\_\_(SEAL)  
\_\_\_\_\_(SEAL)



**ACKNOWLEDGEMENT OF RECEIPT:  
TENANT SELECTION PLAN**

*(All adults in the household are required to sign this form.)*

This acknowledgement will be obtained at the time of move-in.

By signing below, the applicant(s) household verifies that they have been issued a copy of the property's Tenant Selection Plan.

_____ Applicant Signature	_____ Applicant Printed Name	_____ Date
_____ Applicant Signature	_____ Applicant Printed Name	_____ Date
_____ Applicant Signature	_____ Applicant Printed Name	_____ Date
_____ Applicant Signature	_____ Applicant Printed Name	_____ Date