

Property Information

Is the Tenant's physical unit address in Fairfax or Chesterfield?

☐ Fairfax / ☐ Chesterfield / ☒ No

Date of Application: _____



If yes, you will have to apply through the appropriate locality. Virginia Housing does not accept applications for residents that reside in Fairfax or Chesterfield. The locality contact information is provided below. All other localities proceed with this application.

- **Fairfax County** landlords seeking rental assistance on behalf of their tenant:
<https://www.fairfaxcounty.gov/health-humanservices/eviction-prevention>
Telephone: 703-324-5580 | Email: NCSEvictionSupport@fairfaxcounty.gov
- **Chesterfield County** landlords seeking rental assistance on behalf of their tenant:
Submit required documentation to chesterfieldlandlord@actsrva.org. Landlords may find necessary information with instructions at: <http://actsrva.org/chesterfield-landlord-information/>.

Property Owner Contact

Have you contacted your Landlord (property owner or property manager) about your application? ☐ Yes / ☐ No

Property / Landlord Information

Property Name (Trade Name): ODUrent

Landlord/Property Owner (full legal name on Virginia W9): Polizos Properties, LLC

Property City: Norfolk Property Zip Code: 23508

Authorized Agent completing application on Landlord's Behalf (if applicable): Tremon Harold

Landlord/Agent Phone: 7576756500 Landlord/Agent Email: info@odurent.com

Third-Party Release of Information

Would you like information about your application to be discussed and/or completed by someone else on your behalf?

☐ Yes / ☐ No

If yes, in lieu of a signature, please insert your name in the statement below and date below the following statement.
If no, please continue to complete the application.

I, (print name) _____, authorize the following individual or organization to complete this application on my behalf, including submitting necessary documentation, speaking, and communicating via text, chat, or email with representatives of the RRP Support Center, Virginia Housing, and/or the Virginia Department of Housing and Community Development.

Print First and Last Name of Third-Party: _____ Date: _____

Print Organization Name (if applicable): _____ Phone: _____

Preferred Language (spoken/written): _____ Email: _____

Head of Household Information

Please enter the following information for the primary tenant only.

Last Name: _____ First Name: _____

Address: _____

Unit Number: _____ City / County: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Preferred Language (Spoken / Written)

- | | | | |
|--|----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Amharic | <input type="checkbox"/> English | <input type="checkbox"/> Persian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> French | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Other |
| <input type="checkbox"/> Chinese (Simplified) | <input type="checkbox"/> German | <input type="checkbox"/> Russian | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Chinese (Traditional) | <input type="checkbox"/> Italian | <input type="checkbox"/> Spanish | |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Korean | <input type="checkbox"/> Swahili | |

Self-Certification of COVID Impact

The household has experienced a negative financial impact (directly or indirectly) due to COVID-19 or is receiving unemployment benefits. Select the reason(s) for loss of income and/or increased COVID-related expenses below (select all that apply):

Loss of Income:

- ☐ Tenant has been laid off.
- ☐ Tenant's place of employment has closed.
- ☐ Tenant has experienced a reduction in hours of work.
- ☐ Tenant must stay home to care for children due to closure of day care and/or school.
- ☐ Tenant has lost child or spousal support.
- ☐ Tenant has been unable to find employment due to COVID-19.
- ☐ Tenant is unwilling or unable to participate in employment due risk of severe illness from COVID-19.
- ☐ Tenant is not able to work and/or has missed hours due to contracting, being exposed, or having to quarantine due to COVID-19.

Increased Expenses:

- ☐ Tenant has had an increase in childcare expenses.
- ☐ Tenant has had an increase in medical expenses.
- ☐ Tenant has had an increase in food costs.
- ☐ Tenant has had an increase in utility costs.
- ☐ Tenant has had an increase in transportation costs.

Assistance Programs

Does anyone in the Household receive assistance from the following programs? Check all that apply:

- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants, and Children program (WIC)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Temporary Assistance for Needy Families program (TANF)
- ☐ Unemployment Insurance (UI)

Does anyone in the household receive assistance from the government to help pay rent (e.g. a housing voucher)?
☐ Yes / ☐ No If yes, please attach documentation that your income has been adjusted.

Are you or a member of your household eligible to receive unemployment insurance? ☐ Yes / ☐ No

Have you received help with your rent from any non-profit organization or government agency since March 2020?
☐ Yes / ☐ No If **Yes**, provide the total assistance received per organization:

Amount	Months / Year	Who provided the assistance

Household Income

Income*		Demographics						
Occupant Name (List Primary Applicant/ Head Of Household First)	Monthly Income For Household Members	Age	Gender	Race	Ethnicity	Head Of Household	Disabled	Served In Military
	\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Adult Monthly Gross Income:	\$							

*The determination of income includes any unemployment insurance received by a member of the household but does not include one-time payments such as a stimulus check. If any adult household member has no income, please complete the Zero Income Certification at the end of this application.

What are your Household Sources of Income? (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Employment Income (incl. tips, bonuses, etc.) | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> SSI / SSDI (adult) | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> SSI / SSDI (child) | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Pension Income | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |

The household's total gross income must be equal to or less than 80% Area Median Income for location.

- Supporting income documentation is not required for households of three or less residing in these [zip codes](#)¹.
- Supporting income documentation is not required for households of three or less receiving SNAP, WIC, LIHEAP, or TANF and providing award letters from those programs.
- Asset verification is required for households above 50% AMI only.

¹ <https://dhcd.virginia.gov/sites/default/files/Docx/rmrp/fact-specific-proxy-zip-codes.pdf>

Rental Relief Request

Rent Information

Rent includes fees, utilities, and other fees that are charged to the Tenant as part of the rent and listed within the lease agreement. Rent may include other fees as listed in the lease (e.g. late charges, damages, etc.) if such charges are set forth in the lease and applicable state law at the time they were incurred.

What month and year does the existing lease end? _____

Tenant's monthly rent amount: _____

Number of bedrooms in rental unit: _____

Tenant's rent amount is at/below 150% FMR²: ☒ Yes / ☐ No

If you are approved for the amount requested, will you have any remaining back rent owed? ☐ Yes / ☐ No

How much back rent and for what months?

Month / Year	Amount
	\$
	\$
	\$
	\$

Households with any form of housing assistance (e.g. voucher) are eligible to receive arrears, current month, and three future months of rent for their portion of the rent upon recertifying their income.

Are you currently in the midst of the eviction process, also known as an unlawful detainer? ☐ Yes / ☐ No

If yes, when is the court date? _____

Are there any other places where you have received or expect to receive assistance for the rent relief requested on this application? ☐ Yes / ☐ No If yes, explain below:

² <https://www.vhda.com/BusinessPartners/PropertyOwnersManagers/RMRPDocuments/150Percent-FMR-by-UnitSize-n-Locality.pdf>

Request:

Month / Year	Rent	Rent Arrears	Other Fees as Authorized in the Lease	Total Request
April Rent (2020)	\$	\$	\$	\$
May Rent (2020)	\$	\$	\$	\$
June Rent (2020)	\$	\$	\$	\$
July Rent (2020)	\$	\$	\$	\$
August Rent (2020)	\$	\$	\$	\$
September Rent (2020)	\$	\$	\$	\$
October Rent (2020)	\$	\$	\$	\$
November Rent (2020)	\$	\$	\$	\$
December Rent (2020)	\$	\$	\$	\$
January Rent (2021)	\$	\$	\$	\$
February Rent (2021)	\$	\$	\$	\$
March Rent (2021)	\$	\$	\$	\$
April Rent (2021)	\$	\$	\$	\$
May Rent (2021)	\$	\$	\$	\$
June Rent (2021)	\$	\$	\$	\$
July Rent (2021)	\$	\$	\$	\$
August Rent (2021)	\$	\$	\$	\$
September Rent (2021)	\$	\$	\$	\$
October Rent (2021)	\$	\$	\$	\$
November Rent (2021)	\$	\$	\$	\$
December Rent (2021)	\$	\$	\$	\$
Total	\$	\$	\$	\$

VIRGINIA RRP LANDLORD AND TENANT HOUSEHOLD AGREEMENT

This agreement details the rights and responsibilities of both Landlord and Tenant under the Virginia Rent Relief Program (RRP). By accepting payment of rent relief, I hereby agree to the following:

Landlord Agreement

I, (Polizos Properties, LLC Landlord), acknowledge and agree to the requirement that I must not evict the renter for non-payment of rent associated with any of the months for which the rent relief payment is made. Furthermore, I understand that RRP funds cannot be used to pay past due rent prior to April 1, 2020. I understand that if the renter owes past due rent prior to April 1, 2020, I must work with the tenant to develop an appropriate payment plan. If the tenant cannot adhere to the conditions within the payment plan, either the tenant or I, may return to the Rent Relief Program to apply for further assistance, provided the tenant remains eligible and funds are still available.

I will notify tenant by email or mail of the amount of rent paid by RRP and steps to take if Tenant finds they are unable to pay rent in the future. I hereby authorize DHCD and its Grantees and Contractors to disclose to the Tenant that this RRP application has been filed, as well as the amount of the application, and its current status.

Furthermore, I acknowledge and agree to reimburse RRP funds if it is: a) determined at a later date that I or my Authorized Agent(s) (identified below) recorded inaccurate information contained in the Tenant Application Packet that resulted in determining the Tenant eligible for RRP financial assistance when Tenant was actually ineligible for said assistance, b) if RRP assistance is determined to be duplicative of other assistance, or c) it is deemed necessary as determined for other reasons, as defined by DHCD and/or its grantees/agents, in accordance with all applicable state and federal laws.

Furthermore, I shall hold harmless the Commonwealth of Virginia, DHCD, its grantees/agents and employees from all claims and demands based upon or arising out of any action by me, my employees, agents or contractors.

I shall maintain all contractual and household records for at a minimum of five years, and shall provide access to such records by the Commonwealth of Virginia, DHCD, its grantees/agents and employees as may be requested.

I confirm that, in processing tenant's application, I have complied with all applicable fair housing laws, including but not limited to, Virginia's Fair Housing Law which makes it illegal to discriminate in residential housing on the basis of race, color, religion, national origin, sex, elderliness, familial status, source of funds, sexual orientation, gender identity, status as a veteran, or disability.

Landlord Signature:  Date: 11/15/2021

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in RRP, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801- 3812.

Tenant Agreement

I, (_____ Tenant), acknowledge and understand the terms of this agreement and have provided true and accurate information. I have been given the opportunity to ask questions and understand that I should seek legal counsel if Landlord is in breach of this agreement.

Tenant Signature: _____ Date: _____

Tenant Authorization

I, (_____ Tenant), hereby authorize DHCD and its Grantees and Contractors to disclose to my landlord that this RRP application has been filed and the current status of the application.

Tenant Signature: _____ Date: _____

Tenant Certification

I, (_____ Tenant), certify that the information I have provided in applying for RRP assistance is true, accurate, and complete. Additionally, I certify that I have not received any other form of federal, state or local subsidy or financial assistance for rent during the same time period with the requested RRP and that I will repay any RRP assistance determined to be duplicative.

Tenant Signature: _____ Date: _____

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in RRP, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801- 3812.

Landlord / Authorized Agent Certification

I, (Polizos Properties, LLC _____ Landlord), certify the information I have recorded in the application and all attachments is accurate and complete based on the information provided by the Tenant in applying for RRP.

If this application is completed by an Authorized Agent on behalf of Landlord, Authorized Agent hereby certifies that it is duly authorized to act on behalf of Landlord as its agent with respect to this Application, including, but not limited to, the Landlord Agreement set forth above.

Landlord Signature: Tremon Harold Date: 11/15/2021

The Landlord / Authorized Agent's agreement with the certifications, terms, and conditions set forth herein is evidenced by the following signature.

Determination of eligibility completed by: Tremon Harold

Landlord / Authorized Agent Name: Polizos Properties, LLC

Landlord Signature: Tremon Harold Date: 11/15/2021

SUPPORTING DOCUMENTS ATTACHED

Rental Agreement

Please select what documentation is being attached. At least one is required.

- ☐ Lease or other documentation confirming the landlord-tenant relationship (required)
- ☐ Lease Renewal Documentation

Income Documentation

Income documentation is required for all adult household members listed on the application. Only one of the following is required for each adult household member. If necessary, income should be documented with the Cash Income Certification form. If an adult household member has no income, they must complete a Zero Income Certification form.

Check all that apply:

- ☐ LIHEAP, WIC, SNAP, TANF benefit letter (For households with three or less people, a benefit determination letter dated January 1, 2020 or later may be used instead of income documentation.)
- ☐ Check stubs from employer
- ☐ Letter from employer
- ☐ Unemployment insurance statement
- ☐ SSI/SSDI verification
- ☐ Child support/alimony verification
- ☐ Signed Zero Income Certification form
- ☐ Signed Cash Income Certification form
- ☐ Signed Self Employment Certification form
- ☐ Other: _____

Tenant/Landlord Ledger

The tenant/landlord ledger is documentation of the rent that has been paid and/or is owed by a tenant. This documentation can be provided by either the landlord or the tenant, but is required for a complete application.

Other Documentation

- ☐ Signed landlord/tenant agreement (required)
- ☐ Signed Property Owner Certification of Voluntary Vacancy
- ☐ Virginia W-9 (all applications MUST include a Virginia W-9, not an IRS W-9)
- ☐ Documentation of Rental Subsidy (required for applicants who have any form of housing assistance/subsidy)