



**City of Falls Church Department of Housing & Human Services  
AFFORDABLE DWELLING UNIT (ADU) RENTAL PROGRAM  
HOUSEHOLD COMPOSITION STATEMENT FORM**

300 Park Avenue 102W, Falls Church, VA 22046

Office Hours: 8am - 5pm; Monday - Friday

Tel: 703-248-5005, TTY 711 Fax: 703-248-5149

Email: HHSInfo@FallsChurchVA.gov Website: www.fallschurchva.gov/HHS



**Instruction:**

I/We \_\_\_\_\_ and \_\_\_\_\_  
(Print Applicant Name) (Print Co-Applicant Name)

hereby certify that I/we are currently living separately but will be residing in the Affordable Dwelling Unit together with the following people:

\_\_\_\_\_  
(Print Name) (Relationship)

\_\_\_\_\_  
(Print Name) (Relationship)

By: \_\_\_\_\_  
Signature Print Name Date

By: \_\_\_\_\_  
Signature Print Name Date

By: \_\_\_\_\_  
Signature Print Name Date

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703-248-5005, (TTY 711).