



City of Falls Church AFFORDABLE DWELLING UNIT (ADU) PROGRAM APPLICATION

Housing and Human Services
300 Park Avenue Falls Church, Virginia 22046,
Office Hours: 8 a.m. – 5 p.m. Monday - Friday
Tel: 703-248-5005, TTY 711, Fax: 703-248-5149

Website: www.fallschurchva.gov/HHS Email: hhsinfo@fallschurchva.gov



EQUAL HOUSING
OPPORTUNITY

I. APPLICANT & CO- APPLICANT (Please print full name of each applicant)

Applicant Information:

Last Name : _____ First Name: _____ Initial _____

Current Street Address: _____

City: _____ State: _____ Zip Code _____

Home Phone : _____ Cell Phone: _____ Work Phone: _____

Co-Applicant Information:

Last Name : _____ First Name: _____ Initial _____

Current Street Address: _____

City: _____ State: _____ Zip Code _____

Home Phone : _____ Cell Phone: _____ Work Phone: _____

Please indicate which ADU program you are interested in? Both Purchase Rental

II. HOUSEHOLD COMPOSITION & INFORMATION

List All Persons (beginning w/ yourself) Who Will Live in the Unit

Last Name	First Name	Social Security Number	Relation to Head	Gender F or M	Date of Birth

Ethnicity (must check one)

Hispanic

Non-Hispanic

Race, please check applicable box (for statistical purposes only):

White

Black/African-American

Asian

Asian & White

Other Multiracial

Black/African-American & White

American Indian/Alaskan Native

American Indian/Alaskan/ Native & White

American Indian/Alaskan Native & Black

Native Hawaiian/Other Pacific Islander

Selection Criteria

- | | | |
|--|-----|----|
| A) Are you or the co-applicant disabled and/or 62 years of age or older? | Yes | No |
| B) Do you or the co-applicant live in the City of Falls Church? | Yes | No |
| C) Do you or the co-applicant work <u>for</u> the City of Falls Church or its schools? | Yes | No |
| D) Do you or the co-applicant work <u>in</u> the City of Falls Church? | Yes | No |
| E) Have you or any member of your household been convicted of a felony? | Yes | No |

III. HOUSEHOLD INCOME & ASSETS

Earned Income: List sources of income for persons who will live in the unit

Names of Family Members Receiving Any Income from Wages	Company Name City, State & Zip Code	Occupation	Annual Earnings
Total Annual Household Income			

Other Income: List other income received by persons who will live in the unit. *This may include but is not limited to Social Services (Welfare), Supplemental Security Income (SSI), Social Security, Pension/Retirement, Unemployment Compensation, and other income such as Worker's Compensation, Child Support, or Alimony.*

Names of Family Members Receiving Income from Sources Other than Wages	Source of Income	Annual Income from Source
Total Annual Income		

Declaration: *The following questions refer to both the applicant & all adult occupants. Please circle the appropriate answer.*

- A) Have you filed for bankruptcy in the past seven years? Yes No
- B) Are there any outstanding judgments or collections against you? Yes No
- C) Have you had property foreclosed on in the past seven years? Yes No
- D) Are you currently delinquent on any Federal debt or any other loan? Yes No
- E) Are all applicants U.S. citizens or do they have green cards? Yes No
- F) Has anyone on this application owned residential property in the last 3 years? Yes No
If "YES" and residential property was owned with a spouse, are you now divorced and applying singly? _____

ASSETS: Please indicate assets held by all members of the household. *This may include but is not limited to Checking Accounts, Savings Accounts, Money Market Accounts, Stocks/Bonds, Real Estate, etc.*

<i>Names of Family Members</i>	<i>Type of Asset</i>	<i>Name of the Bank/Lender/ Investment Company</i>	<i>Amount</i>
Total Amount of Assets			

The applicant understands that the information provided in this application shall be the basis for determining eligibility for this program. Falsification of information on this application is grounds for disqualification.

- ◆ The applicants certify that all information provided in this application, and all information furnished in support of this application, is given for the purpose of obtaining assistance through this Program, and is true and complete to the best of the applicant's knowledge and belief.
- ◆ The applicants acknowledge that this application is a request for assistance through the City of Falls Church Affordable Dwelling Unit Program, and does **not** constitute approval or acceptance by the City of Falls Church Housing and Human Services.
- ◆ The applicants hereby authorize employees of the Housing and Human Services, or its agents to contact any person, business, or organization listed in this application for purposes of determining eligibility for the Affordable Dwelling Unit Program.
- ◆ The applicants certify that all occupants in the household are listed on this application and also certify that all income and sources of income have been listed.

Any changes in this information must be reported and can affect the applicant's continuing eligibility. Read carefully before signing. This application will not be considered if it has not been signed.

Applicant Signature

Date

Co-Applicant Signature

Date

Information furnished to the City of Falls Church Housing and Human Services will be maintained and disseminated for governmental purposes in accordance with the Virginia Freedom of Information Act, Code of Virginia, Section 2.1.340 through 346.1 as amended, and the Privacy Protection Act of 1976, Code of Virginia Sections, 2.1-377 through 386, as amended. Please allow seven (7) working days for preparation of materials. The City of Falls Church does not discriminate on the basis of disability in its employment practices or in the admission to, access to, or operations of its services, programs, or activities. Cindy Mester, 300 Park Avenue, Falls Church, Virginia 22046 has been designated to coordinate compliance with the ADA non-discrimination requirement.