



City of Falls Church Department of Housing & Human Services
AFFORDABLE DWELLING UNIT (ADU) PROGRAM APPLICATION

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



I. APPLICANT & CO-APPLICANT (Please print Full Name of each applicant)

PRIMARY APPLICANT INFORMATION:

Last Name: _____ First Name: _____ Initial: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____ Primary Phone: _____

Alternate Phone: _____ Email Address: _____

CO-APPLICANT INFORMATION (if applicable):

Last Name: _____ First Name: _____ Initial: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____ Primary Phone: _____

Alternate Phone: _____ Email Address: _____

Please indicate which ADU program you are interested in : Homeownership Rental Both

II. HOUSEHOLD COMPOSITION & INFORMATION

List All Persons (beginning with yourself) who will live in the home:

Last Name	First Name	Relation to Head	Gender	DOB

ETHNICITY (must select one): Hispanic Non-Hispanic

RACE (please check applicable (for statistical purposes only)): White Asian Black or African-American
 Native Hawaiian or Other Pacific Islander American Indian or Alaska Native Other

SELECTION CRITERIA (this information will determine whether you are priority one, two, or three)

- A) Are you or the co-applicant disabled and/or 62 years of age or older? Yes No
- B) Are you or the co-applicant homeless? Yes No
- C) Do you or the co-applicant live in the City of Falls Church? Yes No
 - i. Zip codes 22046, 22042, 22044 and 22205 meet this requirement.
- D) Are you or the co-applicant an employee of the City of Falls Church government? Yes No
- E) Do you or the co-applicant work in the City of Falls Church? Yes No
- F) 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 home			
Income From Wages Recipient List All Household Members	Company Name City, State & Zip Code	Occupation	Annual Earnings

OTHER INCOME:		
List other income received by persons who will live in the home. 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.		
Other Income Recipient List All Household Members	Source of Income	Annual Income From Source
Total Annual Income (All Earned Income + All Other Income):		

DECLARATION: *The following questions refer to all applicants and all adult occupants. Please select the appropriate answer.*

- A) Have you filed for bankruptcy in the last 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) Has anyone on this application owned residential property in the last three years? Yes No
 - i. If "Yes" and property was owned with a spouse, are you now divorced and applying singly? Yes No

ASSETS:			
Please indicate assets held by all members of the household. This may include but is not limited to Checking Accounts, Savings			
Asset Holders List All Household Members	Type of Asset	Name of Asset	Value
Total Value of Assets:			

Please select the communities you are interested in: Founders Row Pearson Square Northgate Tinner Hill
Residences at West Broad Verso Founders Row (ages 55+)

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 & Human Services.

The applicants hereby authorize employees of the Housing & Human Services department, 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 occupancts 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 eligibility. Read carefully before signing. This application will not be considered if it has not been signed.

Applicant Signature	Date	Co-Applicant Signature	Date
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Information furnished to the City of Falls Church Housing & Human Services will be mainained 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 sevel (7) working days for preperation 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.

STAFF USE ONLY			
Received By:	Priority Status:	P1	P2
		P3	