

Initial Application Documents Checklist (revised 9/29/17)

- **___ \$25 Application Fee** (Pays for NVFS Credit report with score for each adult household member). Fee may be paid via money order or check payable to Northern Virginia Family Service. Mail to:
Northern Virginia Family Service Attn: Community Housing ADU Program
10455 White Granite Drive Suite 100, Oakton, VA 22124

- **Part 1: Required Documents**

Completed PWC consent form for identified tenant.

3 Months of the most recent consecutive pay stubs for all adults in household for each job currently held.

6 Months of most recent consecutive bank statements for all adults in household for each account currently held (checking, savings, or other). **MUST include all pages in each statement, even if blank.**

Completed verification of employment form for all adults in the household. One form is required for each job held. IN LIEU OF FORM, a signed letter from employer on letterhead containing equivalent information may be submitted. IF NOT EMPLOYED, complete applicant section of form, write "unemployed" in employer section, and sign.

Completed employment commission form for all adults in household (even if declared student or otherwise unemployed).

Completed application form

Verification made of valid driver's license or other government issued photo identification card for each adult household member. Must examine original, unaltered document, with no retractions per County requirements. Please initial and date on this line to certify satisfactory examination and submit. Copy of ID may be provided in lieu of initialed checklist. Exception for PWC program clients: Copy of ID is required for each adult. If unable to provide, please submit letter that (1) states relevant policy on IDs and (2) requests PWC to use a copy of the ID on file with applicant's program. Note: PWC reserves the right to request copy of ID if ID on file is invalid.

Birth certificate or other proof of legal residency for each household member (child or adult).

Social Security card for each household member (child or adult).

Self-certification of child support form. IN LIEU OF FORM, court order with payment amount listed may be submitted. Prefer that a ledger of payments is also submitted if obtainable.

Most recent benefits statement for any public assistance or other assets held to include, but not necessarily limited to, TANF, SSI, SSDI, child support, 401K, Roth IRA, etc. (N/A if no benefits or assets.)

- **Part 2: Situational Documents-Required if Applies to Applicant**

If any adult has no bank accounts, etc, self-certification of zero assets form for the adult with no assets only.

If any adult is a full-time student and not employed, current school records confirming status (in addition to employment form).

If a bank statement for any adult contains deposits that meet the following criteria: All deposits above \$100 AND/OR less than \$100 but recurring whose source is not labeled as originating from an otherwise documented source (i.e. labeled as employer, person providing child support, etc). For any deposits meeting the criteria, notarized self-cert letter from the account holder. Letter should contain the following: 1) Deposit date, 2) Amount, and 3) Source of the deposit (preferably declaring if it is a "gift" (not expected to be paid back) or "loan" (is being paid back)). Deposits not documented or determined to be "gifts" may be counted as income.

- **Part 3: Lease Up Documents**

Lead-based Paint Disclosure Form.

Lease.

- **Note 1: At the discretion of person completing the intake, all forms may be completed but marked "N/A" if a form does not apply (i.e. a household with no children may complete child support form but write "N/A").**

- **Note 2: Additional documentation besides what is listed in Part 1 and 2 may be requested based on specific case circumstances.**



Affordable Rental Application

Northern Virginia Family Service, Community Housing, Affordable Unit Dwelling Program
 10455 White Granite Drive, Suite 100, Oakton, VA 22124
 Phone: 571-748-2656 • Fax: 703-385-5176 • Email: ADUrentals@nvfs.org

Applicant Name:	# Household Members:	Annual Household Gross Income:
Number of Bedrooms:	Proposed Move-in Date:	
Proposed Location (all units are located in Prince William County):		

APPLICANT(S) CONTACT INFORMATION:

First and Last Name	Work Phone	Cell Phone	E-Mail

APPLICANT(S) CURRENT ADDRESS:

MARITAL STATUS OF HEAD OF HOUSEHOLD:

Marital Status: S/Single, M/Married, E/Separated, D/Divorced, W/Widowed

MILITARY STATUS (Circle):

Veteran Status:	Yes	No

Applicants Name	Branch	Rank	Dates Served

HOUSEHOLD COMPOSITION (Include all members of family to reside in household):

First and Last Name	Relation	SS#	DOB
	HOH		

*Relationship to Head of Household examples: Wife, Boyfriend, Mother, Daughter, Grandfather, Grandchild, etc.

EMERGENCY CONTACT:

Who should we contact in the case of an emergency?

Name	Address	Home Phone	Work Phone	Relation

Two Most Recent Landlord's Contact Information:

Landlord's Name	Address	Phone Number
Landlord's Name	Address	Phone Number

HOUSING:

Has Applicant ever been evicted? Yes or No (circle)

If yes, when? _____

Does the Applicant owe money as a result of eviction? Yes or No (circle)

If so, amount owed. _____

Please provide two (2) former supervisors and one (1) personal reference:

Name	Address	Phone Number	Relationship
Name	Address	Phone Number	Relationship
Name	Address	Phone Number	Relationship

EMPLOYMENT:

Employer #1:

Employer's Name	Employer's Address	Job Title	Supervisor Name
Hrs Worked Per Week	Hourly Wage	Work #	Dates of Employment
<i>Total Gross Monthly Income from Employer #1:</i>			

Employer #2:

Employer's Name	Employer's Address	Job Title	Supervisor Name
Hrs Worked	Hourly Wage	Work #	Dates of Employment
<i>Total Gross Monthly Income from Employer #2:</i>			

FINANCIAL:

Child Support		AFDC/TANF		SSI	
General Relief		Food Stamps		SSDI	
General Aid		Pension		SS Retire	
Other		Other		Other	
<i>Total Gross Monthly Income from additional benefits:</i>					

<u>Income Past 30 Days</u>	<u>Income Source Past 30 Days</u>	<u>Income Past 90 Days</u>	<u>Income Source Past 90 Days</u>
\$		\$	

*Total income for the past 30 days and 90 days should include all income sources such as benefits, employment, monies received as gifts, etc.

What is the Applicant(s) total debt? (Include **ALL** outstanding consumer, educational, housing, utility, medical, court costs, etc. debt)

Applicants Name	Total Debt

GENERAL INFORMATION:

Has a member of the household been involved with the criminal justice system past or presently? Yes No

If yes, please detail below.

Applicants Name	Date	Detail past/resent involvement (include specific charges related to all past and present felonies and/or misdemeanors)	Current Status and/or Resolution

Does any member of the household own a personal vehicle? Yes No If yes, please detail below:

Applicants Name	Make	Model	License Plate

Application Fee

There is a **\$25.00** fee for the processing of an application. This fee is used solely to pay for the costs incurred by Northern Virginia Family Service to order a credit report for each adult household member. The fee may be paid via **check or money order payable to Northern Virginia Family Service**. Please mail to:

Northern Virginia Family Service
Attn: Community Housing ADU Program
10455 White Granite Drive, Suite 100
Oakton, VA 22124

This fee is non-refundable except if a credit report is not ordered. In that event, NVFS will void payment and return the check or money order to the address provided on page one (1) of this application.

I understand the fee must be paid to process this application and have mailed payment.

Applicant Initials

Date Fee Mailed

Certification

I hereby submit this application for the NSP-Affordable Housing Program and certify that this information is true and correct. I have attached all documents required on the application checklist and understand I must submit any documents not included, or any further documents Northern Virginia Family Service and the Prince William County Department of Housing and Community Development requires while reviewing my application, within ten (10) business days from the date of application submission or request or the application may be denied.

I authorize NVFS and PWC to contact any references that I have listed as well as perform a criminal background, employment, and/or credit check. I acknowledge that any information in this application that is found to be inaccurate or not true, may affect my acceptance into the program.

NVFS and PWC strive to provide permanent housing that is safe, usable and affordable for all tenants. Persons with a disability who require special arrangements, prospective applicants who believe they may not meet minimum admission criteria, or persons who believe their application was denied due to past history may request reasonable accommodation and/or reasonable modification.

Under the Fair and Accurate Credit Transactions Act of 2003 (FACTA), you have a right to receive a copy of your credit report without charge. You must submit a request to the credit report bureau and may receive one report per year for free from each credit bureau.

Applicant's Printed Name Date

Applicant's Signature Date

Co-Applicant's Printed Name Date

Co-Applicant's Signature Date

Voluntary Demographic Disclosure Form

This form is available for individuals applying for the Affordable Rental Program of Northern Virginia Family Service. Reported demographic information is not utilized for individual identification, but rather to ensure compliance with grant requirements and efforts to reach all segments of the population.

HUD Specifications	YES	NO
Hispanic		
Non-Hispanic		
Asian		
Black/African American		
American Indian/Alaskan Native		
Native Hawaiian/Pacific Islander		
White		
Two or more races		

CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have information in order to provide services. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, _____, am signing this form for
(Full printed name of consenting person(s))

(Full printed name of client)

(Client's Address)

(Client's Birth Date)

(Client's SSN-Optional)

My relationship to the client is: Self Parent Power of Attorney Guardian
 Other Legally Authorized Representative

I want the following confidential information about the client (except drug or alcohol abuse diagnoses or treatment information) to be exchanged:

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Assessment Information	<input type="checkbox"/>	<input type="checkbox"/>	Medical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	Educational Records
<input type="checkbox"/>	<input type="checkbox"/>	Financial Information	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Records
<input type="checkbox"/>	<input type="checkbox"/>	Benefits/Services Needed Planned and/or Received	<input type="checkbox"/>	<input type="checkbox"/>	Medical Records	<input type="checkbox"/>	<input type="checkbox"/>	Criminal Justice Records
			<input type="checkbox"/>	<input type="checkbox"/>	Psychological Records	<input type="checkbox"/>	<input type="checkbox"/>	Employment Records

I want

Prince William County Office of Housing and Community Development (OHCD)
15941 Donald Curtis Drive #112, Woodbridge, VA 22191 – Amira Gonzalez

(Name and Address of Referring Agency (Agencies) and Staff Contact Person(s))

And the following other agencies to be able to exchange this information:

1. *Prince William County member agencies and employees of and to include:*
 - a. *Office of Housing and Community Development (OHCD)*
 - i. *Housing Choice Voucher Program (HCV)*
 - ii. *Community Planning and Development (CPD)*
 - b. *Community Services Board*
 - c. *Department of Social Services: Prince William County, City of Manassas and Manassas Park*
 - d. *Local Area Non-Profits*
2. *Parent representatives and any prospective/actual vendor/agency providing services outlined on the service plan developed by these teams and myself*

I want this information to be exchanged ONLY for the following purpose(s): Service Coordination and Treatment Planning
 Eligibility Determination Other: _____

Information may be exchanged by written, electronic and verbal methods.

This consent is good until _____ or when involvement ends. I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all the agencies to accept a copy of this form as a valid consent to share information. If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them the information that they need.

Signature(s): _____
(Consenting Person or Persons) (Date)

Person Explaining Form: _____
(Name) (Title) (Phone Number)

Witness (if required): _____
(Signature) (Address) (Phone Number)

Office of Housing and Community Development (OHCD)
 Dr. A.J. Ferlazzo Building
 15941 Donald Curtis Drive, Woodbridge, VA 22191-4217
 Main: 703-792-7530 Fax: 703-792-4978

Case No. _____

SELF-CERTIFICATION OF CHILD SUPPORT PAYMENTS

I, _____, residing at _____
do hereby certify that I **am receiving** or **not receiving (check appropriate box)** child support in the amounts
and for the children listed below: If you do not receive any child support you are still required to list each child and
indicate zero for amount received.

Full Name of Child	Amount Received	How often Received*	Information on the Absent Parent
			Name: _____ Address: _____ _____ Phone: _____
			Name: _____ Address: _____ _____ Phone: _____
			Name: _____ Address: _____ _____ Phone: _____
			Name: _____ Address: _____ _____ Phone: _____
			Name: _____ Address: _____ _____ Phone: _____

*monthly or weekly or bi-weekly (every other week) or semi-monthly (twice a month)

If the person paying the support is not the absent parent please specify the relationship to yourself or the child.

I certify that the above information is true and complete Section 1001 of the Title 18 of the United States Code make it a criminal offense to make a willfully false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

 Signature of Parent

 Date

County of Prince William
 Commonwealth of Virginia

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

By _____
 (Name of person signing document)

 Notary Public
 Registration #: _____
 My Commission Expires: _____

VIRGINIA EMPLOYMENT COMMISSION RECORDS VERIFICATION

This will authorize Virginia Employment Commission (VEC) to release the information contained in my payment history and wage record.

Full Name (Please Print or Type)		Social Security Number
Street Address		
City	State	Zip
Signature		Date

Dear VEC Representative:

The family/individual named above is applying for a residential unit for dwelling that received Federal dollars through the Community Development Block Grant (CDBG) and/or Home Investment Partnerships (HOME) for acquisition or rehabilitation of affordable rental properties. Federal regulations require that in order for a family to be eligible for this form of assistance, the income of the family, as well as its assets, must not exceed certain established limits. The information requested below will be held in strict confidence as is required under the provisions of the Virginia Privacy Protection Act, and will be used only to determine the eligibility of the family for the housing subsidy.

Thank you for your cooperation by providing the most recent employment/unemployment information concerning the aforementioned applicant, and returning it to:

Prince William County
Office of Housing and Community Development
15941 Donald Curtis Drive Suite 112
Woodbridge, Virginia 22191-4217
Main: 703-492-2302 Fax: 703-492-0499

ATTN: Angie Bassette
Community Planning & Development Specialist

Sincerely,

Community Planning & Development Specialist
Affordable Rental Program

Phone: 703-492-2302

*****NOTE: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.**

VERIFICATION OF EMPLOYMENT AND INCOME

This will authorize my employer to release the information requested below regarding my employment, schedule, hours worked, amount and type of compensation or termination when applicable.

Family Name (Please Print or Type) Social Security Number

Street Address Suite # City State Zip

Signature Date

TO WHOM IT MAY CONCERN:

The family/individual named above is applying for a rental dwelling in a unit that received Federal dollars through the Community Development Block Grant for acquisition and rehabilitation. Federal regulations require that in order for our department to authorize leasing of these units, the income of the family, as well as its assets, must be verified. The information requested below will be held in strict confidence as is required under the provisions of the Virginia Privacy Protection Act, and will be used only to determine the eligibility of the family for the housing subsidy. Thank you for your cooperation in completing those applicable portions of this inquiry and returning it to:

Name of Organization: Prince William County OHCD
Attention: Angie Bassette
Mailing Address: 15941 Donald Curtis Drive #112
Woodbridge VA 22191
Phone: 703-492-2302 Fax: 703-492-0499

=====
Date of Hire: Position/Job Title

Is this employee still employed? Yes No - If not, what was the date of termination?

Please state the reason for termination:

If still employed complete the following:

Schedule and Hours Worked:

Types of Pay:

Annual Salary _____
Full-time () Average Wkly. Hours: _____
Part-time () Hourly Rate of Pay: _____
Normal Schedule: _____
(example: M-F 9am to 5pm; evenings 6-9pm, weekends 12 - 9pm, etc.)

Is there a possibility of overtime? () ()
If so, what are the average hours of overtime each pay period? _____
Is over time paid time and a half? () ()
Can this position earn tips? () ()
If so, what are the average tips per pay period? _____
Does the company ever give bonuses for this position? If so how often? () ()
If so Year to Date Bonuses? _____ () ()
Does this position earn commissions? () ()
If so, what is the average commission per pay period? _____

Please Indicate Below as Applicable:

Pay Period: _____ **Nature of Employment:** _____
Weekly (52 pay periods) _____ Permanent _____
Bi-Weekly (26 pay periods) _____ Temporary _____
Semi-Monthly (24 pay periods) _____ Seasonal _____
Monthly (12 pay periods) _____ Other _____
Other (___ pay periods) _____

I certify that the above information is true and correct to the best of my knowledge.

Name of Company Address

Name (Please Print) Title Signature Date

Direct telephone line or phone number with extension

WARNING: SECTION 1001 OF THE TITLE 18 OF THE UNITED STATES CODE MAKE IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

Certification of Zero Assets

1. I hereby certify that I do not individually possess any assets, defined as any of the following:
 - a) Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc.
 - b) Cash value of revocable trusts available to the applicant.
 - c) Equity in real property or other capital investments.
 - d) Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts.
 - e) Individual retirement and Keogh accounts (even though withdrawal would result in a penalty).
 - f) Retirement and pension funds.
 - g) Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy).
 - h) Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.
 - i) Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.
 - j) Mortgages or deeds of trust held by an applicant.

2. There is no imminent change expected in my financial status with regard to assets during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my 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 assistance.

Signature of Applicant	Printed name of Applicant	Date
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Signature of Case Manager	Printed name of Case Manager	Date
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Acknowledged before me on the _____ *day of* _____

Signature _____ *Printed name* _____

Notary public, State of Virginia, County of _____

My commission expires _____

Commission # _____

Self-Declaration Statement

To Whom It May Concern,

Date:

Subject: Deposits into Account #_____

I, _____, confirm that the below mentioned information is true and accurate to the best of my ability:

Date:	Amount	Explanation
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Signed,

For Notary use only:

Commonwealth of Virginia, County of/City of_____.

The foregoing instrument was acknowledged before me this day,_____.

Name of Notary Public:_____

Notary Public's signature:_____

Notary registration number:_____

My commission expires:_____