


FAIRFAX COUNTY AFFORDABLE HOMEBUYER PROGRAM STEPS TO BUYING

Documents listed are those you must provide with your application as proof of completing each step.

STEP 1  YOU ARE HERE!	<p>VIEW OR LISTEN TO ORIENTATION SESSION</p> <p>DOCUMENT: SIGNED ORIENTATION CERTIFICATION</p>
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STEP 2 	<p>ATTEND IN-PERSON OR VIRTUAL HOMEBUYER EDUCATION</p> <p>DOCUMENT: VIRGINIA HOUSING HOMEBUYER EDUCATION CERTIFICATE</p>
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STEP 3 	<p>MEET WITH A LENDER</p> <p>DOCUMENT: LENDER COMPLETED & SIGNED PRE-APPROVAL LETTER</p>
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STEP 4 	<p>SUBMIT APPLICATION</p> <p>DOCUMENT: COMPLETED APPLICATION WITH ALL REQUIRED SUPPORTING DOCUMENTS ON APPLICATION PAGE 5</p>
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STEP 5 	<p>VIEW OR LISTEN TO INFORMATION SESSION</p> <p>DOCUMENT: SIGNED INFORMATION SESSION CERTIFICATION FORM</p>
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County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

Fairfax County First-Time Homebuyers (FTHB) Or Workforce Dwelling Unit (WDU) Program Online Orientation Session Acknowledgment

In order to prepare applicants to the FTHB or WDU Program for homeownership, we make program information available throughout the process. The first opportunity is through our FTHB and WDU Program orientation sessions. For your convenience, these sessions are provided virtually through live Microsoft TEAMS presentations or via our website.

In order to ensure you understand some of the primary FTHB and/or WDU Program homeowner obligations and responsibilities, we are asking you to complete this certification after you attend FTHB and/or WDU orientation sessions. If you are interested in both a FTHB unit and a WDU, you must attend both orientation sessions as the program requirements are different. Please initial each box below attesting to each statement.

- 1) I have attended the entire virtual presentation(s) or online orientation session(s) applicable to the FTHB and/or WDU Program(s) I am applying for in Fairfax County.
- 2) I am aware there are restrictive covenants on the Unit which, among other things, require the owners to occupy the Unit as their primary residence for 30 years and which limit their ability to refinance and sell the unit.
- 3) I certify that I have been given the opportunity to ask questions about the information conveyed in the orientation session(s) and that in signing this acknowledgement, each of these statements is true and correct.

Print name

Signature

Date

Orientation Session Code

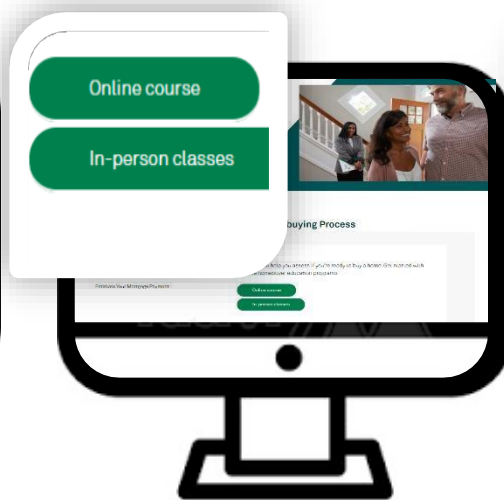
HOMEBUYER EDUCATION VA HOUSING CLASSES

You can explore in-person and online courses:

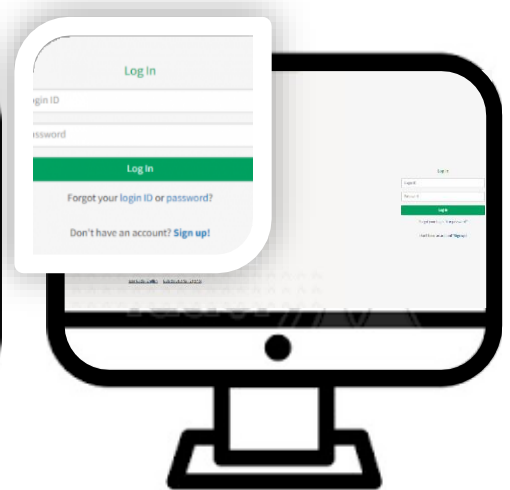
WWW.VIRGINIAHOUSING.COM



1. **CLICK Individuals & Families**



2. **CLICK Homebuyers**



3. **CLICK Online Course or In-Person Classes**

4. **Sign up! Create an account to take the class.**

During this time, Virginia Housing online certificates are acceptable.
For technical issues, please contact VA Housing Customer Service at (877)843-2123.



FAIRFAX COUNTY AFFORDABLE HOMEOWNERSHIP

LENDER PRE-APPROVAL LETTER & INSTRUCTIONS FOR COMPLETION

Dear Lender;

The Fairfax County First-Time Homebuyer (FTHB) Program offers homes to financially eligible low- to moderate-income households. In addition, the Workforce Dwelling Unit (WDU) Program offers homes to families with income up to 120% of the Area Median Income. The Conditional Pre-Approval Letter is one of the key components used to determine the eligibility of program applicants*. It must be completed with the financial requirements of the FTHB and/or WDU Programs in mind and on this form. Lender pre-qualification letters will not be accepted.

Following are general guidelines and program requirements intended to assist a lender in completing the form. Lenders may call the FTHB Program Manager at (703) 246-5099 if there are questions about completing the form.

General Requirements

- All sections of the letter must be completed, and all questions must be answered.
- All borrowers and spouses must be on the deed. Co-signers are not allowed.
- The *Loan Amount* and the *Maximum Purchase Price* should reflect the maximum for which the borrowers are qualified given their Income, Debt, Assets and Ratios as outlined in the letter.
- The letter must be signed & dated by the Lender and the Borrower(s) and spouse(s).

Financial Requirements for all Borrowers / Purchasers:

- Gift Money must be documented and cannot exceed 50% of the purchase price.
- For FTHB Units:
 - FTHB loans must be fixed rate for 30 years.
 - *Borrowers/Purchasers* are required to have a minimum Credit Score of **620**.
 - The maximum Debt-to-Income Ratios allowed by the program are **35% / 45%**
 - Applicants who meet virtually all underwriting criteria, require review by the Fairfax County Redevelopment and Housing Authority's (FCRHA) Loan Underwriting Committee (LUC), which may waive or modify certain criteria, such as one missed payment or lack of FCRHA required reserves, subject to strong compensating factors.
- For WDUs:
 - WDU loans must be fixed rate.
 - Underwriting criteria outside those approved by the FCRHA, such as debt to income ratios above 45% or lower credit scores, require review by the LUC, and may be approved, subject to strong compensating factors.
- Additional information regarding the borrowers' financial eligibility for a loan should be included in the *Comments* or *Compensating Factors* sections.

LENDER LIST-FOR LOANS AND LETTERS

This list is for your convenience and is not meant to be an endorsement of any particular Lender.

The specific lenders listed below are willing to pre-approve homebuyers. You may contact one of the lenders below, the lender suggested by a builder, or a lender of your choice to pre-approve you for a loan.

If you contact a different lender, they may not be aware of the First-Time Homebuyers or Workforce Dwelling Unit Program and may not be able to finance an FTHB or WDU property.

YOU MUST CALL THE LENDER TO SCHEDULE AN APPOINTMENT

Dilal Ahmed	Jasimine Lee Baker
Loan Officer, Fairway Independent Mortgage Corporation	Mortgage Loan Officer, Fulton Mortgage
43777 Central Station Drive, Suite 330, Ashburn, VA 20147	625 Elden Street, Herndon, VA 20170
703-520-1357 (Direct), 703-623-6943 (Cell), 703-651-5543 (Fax)	703-397-9447 ext.15213 (Direct), 703-201-7050 (Cell)
Email: dilala@fairwaymc.com Website: www.dilalahmed.com	Email: JBaker@fultonmortgagecompany.com Website: www.fultonmortgagecompany.com
FHA, VHDA, Conventional & Workforce	FHA, VHDA, HCV, USDA, Conventional Loan
Fluent in Bengali	Language: English
Sandra Coleman	Glenn Harshman
Executive Vice President, Operations, Intercoastal Mortgage, LLC	The Harshman Team at First Heritage Mortgage
11325 Random Hills RD, Suite 600, Fairfax, VA 22030	3201 Jermantown Road, Suite 800, Fairfax, VA 22030
571-266-6500 (Office)	703-622-1463 (Cell), 703-794-2929 (Fax)
Email: scolem@icmtg.com Website: www.intercoastalmortgage.com	Email: gharshman@fhmtg.com Website: www.glennharshman.com
FHA, VHDA, Conventional & Workforce	FHA, VHDA, Conventional & Workforce
Fluent in Spanish	English, Available in Spanish and Farsi
Donald Gay	John Melnick II
Branch Manager, Fairway Independent Mortgage Corporation	Senior Loan Officer, Presidential Bank Mortgage
8300 Boone Boulevard, Suite 500, Vienna, VA 22182	11320 Random Hills Rd. Ste 100, Fairfax, VA 22030
703-283-0784 (Cell)	703-303-6434 (Cell), 703-460-5510 (Office)
Email: dgay@fairwaymc.com Website: www.dongay.com	Email: John.Melnick@presidential.com Website: www.melnickmortgage.com
FHA, VHDA, HCV, Conventional & Workforce	FHA, VHDA, HCV, Conventional & Workforce
English, Available in Arabic and Korean	English, Available in Spanish
Mary Ann Mendoza	Northwest Federal Credit Union
Senior Loan Officer, CMG Financial	200 Spring Street, Herndon, VA 20170
3160 Crow Canyon Road, Suite 400, San Ramon, CA 94583	703-709-8921 (Main), 703-709-5784 (Fax)
571-451-9650 (Cell), 703-637-2439 (Fax)	Email: mortgages@nwfcu.org Website: www.nwfcu.org
Email: mmendoza@cmgfi.com Website: www.cmgfi.com	Note: You <u>do not</u> need to be a member of NWFCU to contact them or rate and/or cost information. However, if you decide to use them for your loan. You must join the Credit Union at a cost of \$5.00 .
FHA, VHDA, Conventional & Workforce	
English, Available in Tagalog	
Sabrina O'Brien	Noel Shepherd
Sr. Loan Officer & Financial Planner, Fidelity First Mortgage	Producing Sales Manager, Citizens
707 Bestgate Rd, Annapolis MD 21401	6903 Rockledge Drive, Bethesda, MD 20817
443-454-2178 (Cell), 888-471-8007 (Fax)	202-642-4305 (Cell), 833-496-2720 (Fax)
Email: sabrina@fidelityfirst.net Website: www.fidelityfirst.net/staff-sabrina-obrien.htm	Email: Noel.Shepherd@citizensbank.com Website: https://lo.citizensbank.com/md/bethesda/noel-shepherd
FHA, VHDA, VA, Conventional & Workforce	FHA, VHDA, VA, Conventional & Workforce
English, Available in Spanish	Language: English

Maria Vasilakos
Monarch Mortgage, A Division of Blue Ridge Bank
10432 Balls Ford Road, Suite 300, Manassas, VA 20109
571-334-3299 (Cell), 703-272-4591 (Fax)
Email: mvasilakos@monarch1893.com Website: www.mariaplusloans.com
FHA, VHDA, FHLBA, HCV, Conventional & Workforce Program
English, Available in Greek



County of Fairfax, Virginia

LENDER CONDITIONAL PRE-APPROVAL LETTER FIRST-TIME HOMEBUYERS & WORKFORCE DWELLING UNIT PROGRAMS

----- THIS FORM IS TO BE COMPLETED BY LENDER AND SIGNED BY APPLICANTS -----

FAMILY MEMBERS ON DEED/LOAN & SPOUSES

Credit Score MUST be provided for all Members on Deed and/or Loan and Spouses of those Members:

MEMBER NAME	MEMBER PHYSICAL ADDRESS (NO P.O. BOX NUMBERS)	ON LOAN	ON DEED	MIDDLE CREDIT SCORE
		<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"/>	

CREDIT HISTORY

Check if any of the following reported on Credit Report for Member listed above:

CHECK IF YES	ISSUE	MEMBER NAME
<input type="checkbox"/>	Homeownership within 3 years	
<input type="checkbox"/>	Foreclosure within 5 years	
<input type="checkbox"/>	Bankruptcy Discharge within 2 Years	
<input type="checkbox"/>	Late Payments within 6 months	
<input type="checkbox"/>	Outstanding Collections &/OR Judgements	

INCOME ON WHICH QUALIFICATION AND RATIOS ARE BASED:

NAME	INCOME SOURCE	GROSS ANNUAL
		\$
		\$
		\$
		\$
TOTAL GROSS ANNUAL FAMILY INCOME (ALL SOURCES):		\$

ASSETS

Including but not limited to: Savings, Checking, CDs, IRA, Stocks, Bonds

(Reserves equal to one month's expenses required after accounting for down payment and closing costs.)

Total Financial Accounts:	\$
Total Cash on Hand:	\$
Total Monetary Gifts:	\$
Total Grants:	\$
Other (Describe):	\$
TOTAL VERIFIED ASSETS:	\$

Down Payment:	\$
Closing Costs:	\$
Reserves:	\$
ASSETS REQUIRED TO PURCHASE:	\$

FIRST-TIME HOMEBUYERS PROGRAM	WORKFORCE DWELLING UNIT PROGRAM
LOAN Must be a 30-year fixed rate loan <input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA INTEREST RATE: _____ TERM: <u>30-year</u> POINTS Limited to 1 Origination & 2 Discount points. Origination: _____ Discount: _____ LOAN AMOUNT: \$ _____ <p style="text-align: center;">FTHB ESTIMATED MONTHLY HOUSING COST</p> Principal & Interest: \$ _____ Taxes: \$ _____ Hazard Insurance: \$ _____ MIP/PMI: \$ _____ HOA/Condo: \$ _____ Estimated Monthly Housing Cost \$ _____ DEBT-to-INCOME RATIOS First-Time Homebuyers Program ratios cannot exceed 35% / 45% Front Ratio: _____% Estimated Monthly Housing Cost ÷ Family Monthly Gross Income Back Ratio: _____% (Estimated Monthly Housing Cost + other Monthly Debt) ÷ Family Monthly Gross Income MAXIMUM PURCHASE PRICE \$ _____ *Please qualify applicants at the maximum ratios of 35% / 45% . COMMENTS/COMPENSATING FACTORS: 	LOAN Must be a fixed rate loan <input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA INTEREST RATE: _____ TERM: _____ POINTS Limited to 1 Origination & 2 Discount points. Origination: _____ Discount: _____ LOAN AMOUNT: \$ _____ <p style="text-align: center;">WDU ESTIMATED MONTHLY HOUSING COST</p> Principal & Interest: \$ _____ Taxes: \$ _____ Hazard Insurance: \$ _____ MIP/PMI: \$ _____ HOA/Condo: \$ _____ Estimated Monthly Housing Cost \$ _____ DEBT-to-INCOME RATIOS WDU back-end ratio cannot exceed 45%. Front Ratio: _____% Estimated Monthly Housing Cost ÷ Family Monthly Gross Income Back Ratio: _____% (Estimated Monthly Housing Cost + other Monthly Debt) ÷ Family Monthly Gross Income MAXIMUM PURCHASE PRICE \$ _____ *Please qualify applicants at the maximum back-end ratio of 45% . COMMENTS/ COMPENSATING FACTORS:

LENDER	THIS CONDITIONAL APPROVAL LETTER IS CONSIDERED TRUE, COMPLETE & CORRECT UNTIL _____	
	I understand that this form is being used primarily by the purchaser(s)/borrower(s) as documentation for application to a Fairfax County Homeownership Program.	DATE _____
	COMPLETED BY (NAME): _____	DATE COMPLETED: _____
	LENDER'S SIGNATURE: _____	LENDING INSTITUTION: _____
PHONE NUMBER: _____	EMAIL: _____	

I/we hereby certify under penalty of law that all of the information provided on this application form is true, complete, and correct. I understand that I am required to report any changes in household composition, income, or assets annually and at the time of home purchase. I also understand that any person who attempts to obtain housing assistance by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime punishable under federal and state law and may result in determination of ineligibility for any DHCD/FCRHA housing program. I acknowledge that a false declaration is grounds for disqualification from the Homeownership Program and from the opportunity to purchase a First-Time Homebuyer or Workforce Dwelling Unit property. By signing this form, I agree to the release of my/our financial information as may be necessary to verify eligibility to participate in a homeownership opportunity and agree to the exchange of this information between the Fairfax County Department of Housing and Community Development/Fairfax County Redevelopment and Housing Authority, U.S. Department of Housing and Urban Development, Lender and Loan Servicer, and other providers of federal, state, or local assistance.

ALL APPLICANTS WHO WILL BE ON DEED/LOAN AND APPLICANT SPOUSES MUST SIGN

BORROWER PRINT NAME	SIGNATURE	DATE
CO-APPLICANT PRINT NAME	SIGNATURE	DATE
CO-APPLICANT PRINT NAME	SIGNATURE	DATE
CO-APPLICANT PRINT NAME	SIGNATURE	DATE

STEP 4



FAIRFAX COUNTY AFFORDABLE HOMEOWNERSHIP PROGRAM APPLICATION



CONTACT: 703-246-5087 ■ FTHBHOMEOWNERSHIP@FAIRFAXCOUNTY.GOV

■ MAIL APPLICATION TO OR LEAVE IN DROP BOX OUTSIDE: 3700 PENDER DRIVE, FAIRFAX, VA 22030

SUBMISSIONS MUST INCLUDE DOCUMENTS LISTED ON PAGE 5 OF THIS APPLICATION*

■ FAX TO SECURE FAX #: 703-653-1372

CHECK ONE:

- INITIAL APPLICATION
- CHANGE/UPDATE
- ANNUAL RECERTIFICATION
- DRAWING PROPERTY ADDRESS(ES) _____
- IMMEDIATELY AVAILABLE ADDRESS(ES) _____

HEAD OF HOUSEHOLD NAME:	
STREET ADDRESS: DO NOT USE P.O. BOX	
CITY/STATE/ZIP:	

LIST ALL HOUSEHOLD MEMBERS WHO WILL RESIDE IN THE AFFORDABLE UNIT		SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	RELATION TO HEAD <i>S=Spouse C=Child P=Parent O=Other (Describe)</i>	MARITAL STATUS <i>S=Single M=Married SP=Separated D=Divorced W=Widow</i>	CITIZENSHIP STATUS <i>C=Citizen P=Permanent Resident O=Other (Describe)</i>	FULLTIME STUDENT AGE 18+	DOES MEMBER RECEIVE INCOME FROM ANY SOURCE? <i>See Page 2</i>
FIRST NAME	LAST NAME									
						HEAD				<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* All applications for the First-Time Homebuyers and Workforce Dwelling Unit Programs are voluntary. However, all requested information and documentation is necessary in order for the Department of Housing and Community Development to process your application to the program.

Check YES or NO for EVERY line (Do not leave blank). Do you or any member (INCLUDING CHILDREN) receive any of the following INCOME?

Wages, Salary (Employment)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security/SSI/SSDI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bonuses, Tips, Commissions or Overtime	Yes <input type="checkbox"/> No <input type="checkbox"/>	SNAP Benefits (Food Stamps)	Yes <input type="checkbox"/> No <input type="checkbox"/>
General Relief or AFDC/TANF	Yes <input type="checkbox"/> No <input type="checkbox"/>	Child Support/Alimony (Affidavits Required)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Self-Employed or Own a Business	Yes <input type="checkbox"/> No <input type="checkbox"/>	Medicaid	Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Income from Business Owned	Yes <input type="checkbox"/> No <input type="checkbox"/>	Welfare to Work or other Job Training	Yes <input type="checkbox"/> No <input type="checkbox"/>
Workers Compensation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pensions or Retirement Payments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Unemployment Compensation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Annuities or Stipends Received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Military Pay or Allowances	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dividends from Stocks or Bond Certificates	Yes <input type="checkbox"/> No <input type="checkbox"/>
Veterans Administration Benefits	Yes <input type="checkbox"/> No <input type="checkbox"/>	Income from Real Estate Investments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Regular Gifts or Contributions from others	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other income _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT INCOME: Include ALL jobs for ALL Members even if income is not included on Lender Letter. List each job on a new line. Include Full and Part-Time Wages or Salary, Bonuses, Commissions, Tips, Overtime, Self-Employment or other employment income.

MEMBER NAME	EMPLOYER/BUSINESS NAME	EMPLOYER/BUSINESS ADDRESS	GROSS ANNUAL INCOME
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

OTHER INCOME List ALL other income from ALL Members. List each source of income on a new line including, but not limited to, Social Security and Disability (SSI/SSDI), Child Support, Alimony, Dividends, Capital Gains, Pensions, Annuities, TANF, Regular Gifts or Aid, Income from Real Estate, Unemployment Income, Veterans Administration Benefits, Workers Compensation.

MEMBER NAME	INCOME TYPE	ACCOUNT NUMBER	GROSS ANNUAL INCOME
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL GROSS ANNUAL INCOME FROM <u>ALL</u> SOURCES:			\$

BANK ACCOUNTS AND OTHER ASSETS Note: Income from assets will be used to determine gross income for purposes of program eligibility. List ALL assets from ALL Members including, but not limited to, Bonds, Certificate of Deposit, Savings/Checking, Retirement, and/or Stock accounts, Real property, Cash on Hand, Family Self Sufficiency or VIDA Savings, IRAs or other assets.

MEMBER NAME	ASSET TYPE	ASSET SOURCE Name of Financial Institution	ACCOUNT NUMBER	ASSET BALANCE (OR VALUE)
	Checking Account			\$
	Savings Account			\$
				\$
				\$
				\$
				\$
				\$
TOTAL ASSETS FROM <u>ALL</u> SOURCES:				\$

ADDITIONAL QUALIFYING FACTORS

Check YES or NO for EVERY line (Do not leave blank).

LIVE in Fairfax County	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have ownership interest in a residence (US or abroad)	Yes <input type="checkbox"/> No <input type="checkbox"/>
WORK in Fairfax County	Yes <input type="checkbox"/> No <input type="checkbox"/>	Had ownership interest in a residence (US or abroad) in past 3 years	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fairfax County Government Employee <small>(Cities of Fairfax & Falls Church, and Towns of Vienna, Clifton & Herndon)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Owned a home that went into foreclosure	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have a disabled dependent (NOT Head or Spouse)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Owe money to a Housing Authority? (Where: _____)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have a disability requiring a mobility accessible unit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have a Bankruptcy Discharged within past 2 years	Yes <input type="checkbox"/> No <input type="checkbox"/>
Currently own a Fairfax Co. Affordable Dwelling Unit (ADU)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have a late payment within past 6 months	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Have an outstanding Collection or Judgement	Yes <input type="checkbox"/> No <input type="checkbox"/>

CURRENT HOUSING ASSISTANCE

Check "YES or NO" if you CURRENTLY receive the following assistance

Housing Choice Voucher (Section 8)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Federally Funded Public Housing (RAD)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fairfax County Rental Program (FCRP)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bridging Affordability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Self Sufficiency Program	Yes <input type="checkbox"/> No <input type="checkbox"/>

DEMOGRAPHICS

Check YES or NO for EVERY line (Do not leave blank).

Single Head of Household	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fairfax County Public School Teacher	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fairfax County Public Safety Worker <small>*Police, Fire/Rescue, Health Care serving Fairfax Co.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary language spoken at home: _____	

RACE/ETHNICITY

Check all that apply to Household Head

	Non-Hispanic	Hispanic
White	<input type="checkbox"/>	<input type="checkbox"/>
Black	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>
Hawaiian	<input type="checkbox"/>	<input type="checkbox"/>
Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>

ALL FAMILY MEMBERS 18 AND OLDER MUST SIGN – PLEASE READ BEFORE SIGNING

I hereby certify under penalty of law that all of the information provided on this application form is true, complete, and correct. I understand that I am required to report any changes in household composition, income, or assets within 10 business days of the change. I also understand that any person who attempts to obtain housing assistance by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime punishable under federal and state law and may result in determination of ineligibility for or termination from any DHCD/FCRHA assisted housing program. I acknowledge that a false declaration is grounds for disqualification from the Homeownership Program and from the opportunity to purchase a First-Time Homebuyer or Workforce Dwelling Unit property. By signing this form, I agree to the release of my/our financial information as may be necessary to verify eligibility to participate in a homeownership opportunity and agree to the exchange of this information between the Fairfax County Department of Housing and Community Development/Fairfax County Redevelopment and Housing Authority, U.S. Department of Housing and Urban Development, Lender and Loan Servicer, and other providers of federal, state, or local assistance.

_____ APPLICANT/HEAD PRINT NAME	_____ SIGNATURE	_____ DATE
_____ CO-APPLICANT PRINT NAME	_____ SIGNATURE	_____ DATE
_____ ADULT APPLICANT PRINT NAME	_____ SIGNATURE	_____ DATE
_____ ADULT APPLICANT PRINT NAME	_____ SIGNATURE	_____ DATE
_____ ADULT APPLICANT PRINT NAME	_____ SIGNATURE	_____ DATE

_____ CONTACT INFORMATION
_____ CELL PHONE
_____ ALTERNATE PHONE
_____ EMAIL ADDRESS
_____ ALTERNATE EMAIL

REQUIRED DOCUMENTATION

INITIAL APPLICATION AFFORDABLE HOMEOWNERSHIP PROGRAM <input type="checkbox"/> PROGRAM APPLICATION Signed by ALL FAMILY MEMBERS 18 and OLDER	ANNUAL RECERTIFICATION OR CHANGES <input type="checkbox"/> PROGRAM APPLICATION Signed by ALL FAMILY MEMBERS 18 and OLDER	DRAWING SELECTION / IMMEDIATELY AVAILABLE PROPERTY <input type="checkbox"/> PROGRAM APPLICATION Signed by ALL FAMILY MEMBERS 18 and OLDER
<input type="checkbox"/> LENDER PRE-APPROVAL LETTER <ul style="list-style-type: none"> • Must be on Fairfax County-provided Form • Completed within past 90 days • Signed by Lender AND All Adults on Deed or Loan AND their Spouses <input type="checkbox"/> COPY OF LEGAL STATUS <ul style="list-style-type: none"> • Members on the deed or loan must provide documentation of citizenship or permanent legal status • Other members must provide USCIS documentation that they are in the US legally <input type="checkbox"/> VHDA HOMEOWNERSHIP EDUCATION <ul style="list-style-type: none"> • VHDA Certificate dated within 2 years for all members on deed or loan <input type="checkbox"/> DRIVERS LICENSE <ul style="list-style-type: none"> • For Head of Household and Spouse <input type="checkbox"/> CONSENT FORM <ul style="list-style-type: none"> • Signed by all members 18 and older <input type="checkbox"/> RENTAL LEASE AGREEMENT <ul style="list-style-type: none"> • Copy of current rental lease agreement <p style="text-align: center; margin-top: 20px;"><i>*For a Specific Immediately Available Unit, Additional Documentation for ALL Members will be Required*</i></p>	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p><u>ALL</u> documents listed under INITIAL APPLICATION plus:</p> </div> <input type="checkbox"/> COPY OF LEGAL STATUS <ul style="list-style-type: none"> • ONLY for NEW members <p style="text-align: center; margin-top: 20px;"><i>*When Selected in a Drawing for a Specific Unit Additional Documentation for ALL Members will be Required*</i></p>	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p><u>ALL</u> documents listed under INITIAL APPLICATION plus:</p> </div> <input type="checkbox"/> COMPLETED VHDA SPENDING PLAN <input type="checkbox"/> DRIVERS LICENSE <ul style="list-style-type: none"> • For all members 18 and older <input type="checkbox"/> CREDIT REPORTS with CREDIT SCORES <ul style="list-style-type: none"> • For all members on deed or loan • Must be Triple Merge and pulled in past 90 days <input type="checkbox"/> THREE months most recent PAYSTUBS <input type="checkbox"/> BANK STATEMENTS <ul style="list-style-type: none"> • Two months most recent statements ALL accounts <input type="checkbox"/> ALL OTHER ASSETS <ul style="list-style-type: none"> • Most recent statement for all assets including, but not limited to, pensions, retirement accounts, stocks, IRAs, 401k, 457, 403B <input type="checkbox"/> FEDERAL TAX RETURN <ul style="list-style-type: none"> • Most recent tax return for all members 18 and older <input type="checkbox"/> FEDERAL TAX TRANSCRIPT (www.irs.gov) <ul style="list-style-type: none"> • For all members 18 and older, including non-filers <p style="text-align: center; margin-top: 10px;"><u>If Applicable:</u></p> <input type="checkbox"/> DIVORCE DECREE <input type="checkbox"/> DEATH CERTIFICATE (For widowed) <input type="checkbox"/> STUDENT STATUS <ul style="list-style-type: none"> • For students 18 and over with earned income, copy of current enrollment / class schedule <input type="checkbox"/> NO-INCOME AFFIDAVIT <ul style="list-style-type: none"> • For members 18 and over with no income <input type="checkbox"/> Verification of work address in Fairfax County <ul style="list-style-type: none"> • For applicants that do not live in Fairfax County <input type="checkbox"/> Proof of Custody for DEPENDENT not on Tax Return (Custody/School Records, or Verification of Disabled Adult) <input type="checkbox"/> Verification of need for unit with accessible features <p style="text-align: center; margin-top: 20px;"><u>For Down Payment Assistance Programs</u></p> <input type="checkbox"/> HUD COUNSELING CERTIFICATION

FAIRFAX COUNTY CONSENT FOR AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Fairfax County Department of Housing and Community Development (HCD) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued participation under the Housing Choice Voucher, Fairfax County Rental, Public Housing, First-Time Homebuyers Program and/or other housing assistance programs ("housing program(s)"). I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and/HCD staff as agents for the Fairfax County Redevelopment and Housing Authority in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to: Identity and Marital Status, Employment, Income and Assets, Residences and Rental Activity, Credit and Criminal Activity and Medical or Child Care Allowances. Any information provided to and obtained by any employee of HCD may be reviewed for relevance to eligibility status. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) includes, but is not limited to:

Past and Present Employers	Veterans Administration	Utility Companies	Banks and other Financial Institutions	Medical and Child Care Providers
Courts, Probation and Parole	Social Security Administration	Family Services	Other service providers (cell phone, cable, etc.)	Coordinated Services Planning
Law Enforcement Agencies	Retirement Systems	Post Offices	Previous Landlords (including Public Housing Agencies)	Support and Alimony Providers
Educational Institutions	State Unemployment Agencies	Schools	Credit Providers and Credit Bureaus	Welfare Agencies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HCD may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or HCD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and State and local welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with HCD and will stay in effect during my participation in the housing program. I understand I have a right to review my file and correct any information that I can prove is incorrect. NOTE: This release information form may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, "Request for copy of tax form" must be prepared and signed separately.

ALL FAMILY MEMBERS 18 AND OLDER MUST SIGN

APPLICANT/HEAD PRINT NAME	SIGNATURE	DATE
CO-APPLICANT PRINT NAME	SIGNATURE	DATE
ADULT APPLICANT PRINT NAME	SIGNATURE	DATE
ADULT APPLICANT PRINT NAME	SIGNATURE	DATE
ADULT APPLICANT PRINT NAME	SIGNATURE	DATE



Fairfax County is committed to nondiscrimination on the basis of disability in all County programs, services and activities. Special accommodations will be provided upon request. Please allow seven working days for preparation of materials. For information call 703-246-5101 or 711 (TTY).