



Prince William County Committed Affordable For-Sale Units Program Application

CHECK ONE									
<input type="checkbox"/> Initial Application	<input type="checkbox"/> Change/Update	<input type="checkbox"/> Annual Waitlist Recertification	<input type="checkbox"/> Application to Purchase a Unit – Enter Property Address Below						
Head Of Household Name:									
Current Address:									
Cell Phone #	Alternate Phone#	Email Address				Alternate Email Address			
HOUSEHOLD MEMBERS WHO WILL RESIDE IN THE COMMITTED AFFORDABLE UNIT		SOCIAL SECURITY #	DATE OF BIRTH	AGE	RELATIONSHIP TO HEAD OF HOUSEHOLD S=Spouse C=Child P=Parent O=Other (Specify)	MARITAL STATUS S=Single M=Married SP=Separated D=Divorced W=Widow	CITIZENSHIP STATUS C=US Citizen P=Permanent Resident O=Other (Specify)	FULL TIME STUDENT	DOES MEMBER RECEIVE INCOME FROM ANY SOURCE?
LAST NAME	FIRST NAME				HEAD OF HOUSEHOLD			<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
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								<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

Does any household member (INCLUDING MINORS) receive any of the following income types? Check Yes or No for Every Line (Do not leave blanks)					
Wages, Salary (Employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veterans Administration Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Welfare to Work or Other Job Training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonuses, Tips, Commissions or Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Regular Gifts or Contributions from others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pensions or Retirement Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income from Business Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security/SSI/SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities or Stipends Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	SNAP Benefits (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dividends from Stocks or Bond Certificates	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support/Alimony (Affidavits Required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Real Estate Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Military Pay or Allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other income	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT INCOME			
Include ALL jobs for ALL Members even if income is not included in the 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			
HOUSEHOLD MEMBER NAME	EMPLOYER/BUSINESS	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, Pensions, Annuities, TANF, Regular Gifts or Aid, Income from Real Estate, Unemployment Income, Veterans Administration Benefits, Workers Compensation			
HOUSEHOLD MEMBER NAME	TYPE OF INCOME	ACCOUNT NUMBER	GROSS ANNUAL INCOME
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Each adult listed on the Application must read and acknowledge the statements below and sign, manually or electronically, the application prior to submission.

I certify our understanding that for purposes of determining eligibility for the Committed Affordable For-Sale Units Program the income, assets and circumstances for all individuals, persons, families, household currently residing together (whether related by blood, marriage, adoption, or unrelated), and others anticipated to occupy the housing unit will be considered and must meet all program requirements. We certify that we have listed all persons currently residing together, and others anticipated to occupy the housing unit, which may be purchased through the Program. We certify that we have provided all the information requested on this application form for each person listed as applicable to their circumstances.

I certify that all information provided on this application form, and all information furnished in support of this application, is given for the purpose of determining eligibility to participate in the Committed Affordable For-Sale Units Program and is true and complete to the best of our knowledge and belief.

I certify our understanding that any intentional misrepresentation of information provided on this application form, or in support of this application is a Federal crime punishable by fine or imprisonment, or both under the provisions of Title 18, U. S. Code and will result in denial of assistance through the Committed Affordable For-Sale Units Program. WARNING Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.

I acknowledge that this application is only to obtain a Certificate of Eligibility for placement on the Program's waitlist. It is not an approval to purchase a unit. When a unit becomes available and based on my position on the waitlist, I will be required to submit a new application and provide all required income and asset documentation in order to purchase that specific unit.

I hereby authorize employees of the Office of Housing and Community Development (OHCD), or its agents to contact any person, business, employers or organizations listed in this application for purposes of determining eligibility for the Committed Affordable For-Sale Units Program.

I hereby authorize employees of the Office of Housing and Community Development (OHCD), or its agents, to discuss and provide all documentation of Applicant's information with agents of lending institutions participating in the Committed Affordable For-Sale Units Program for purposes of obtaining a mortgage loan.

I certify our understanding that the household must be income eligible up to and including the day of settlement. We agree to report all changes in our incomes within five days of our notification of any change. When determining eligibility, OHCD projects income forward which means pay raises, bonuses, overtime, and pay differential, may result in ineligibility as this is updated until date of settlement of the property. Interest from assets is added to income in determining eligibility. Interest on assets over \$5,000 is imputed at the HUD determined passbook rate. For assets over \$5,000, the greater of the actual interest earned, or interest imputed at the passbook rate is included as income.

I certify our understanding that if approved to purchase a Committed Affordable For-Sale Unit, the property will be subject to restrictive covenants to include controlled resale sales price, and the requirement that the unit be owner-occupied as the household's primary and exclusive place of residence for the period of the restrictive covenants, and that the property may not be rented to a third party. Therefore, the property must be owner occupied at all time.

All adult members of a household are required to review the contents of this application for accuracy and completeness. The signature below certifies that the statements above are true and complete to the best of your knowledge.

_____ APPLICANT/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