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Preliminary Application

Please **print** and return to the address above – **MUST BE COMPLETE**

Property: Grove, Arlington Charleston Square, Fairfax (1 bedroom only)
 Charles Street, Fredericksburg Airport Avenue, Fredericksburg

Name _____
Last Name First Name Middle Initial

Current Street Address _____

Current City/State/Zip _____

Phone Number _____ Alternate Phone Number _____

Email Address _____ Where did you hear about us? _____

Family Composition (Include yourself as Head of Household)

Name	Relationship	Date of Birth	Social Security Number- <i>optional</i>
	Head of Household		

We currently have a Voucher Yes No

Income Information – List **GROSS** (Before Taxes) Income from **ALL** sources

Name	Source of Income	Amount of Income	Pay period		
			Circle One		
			Weekly	Bi-weekly	Bi-Monthly
			Monthly	Annual	
			Weekly	Bi-weekly	Bi Monthly
			Monthly	Annual	
			Weekly	Bi-weekly	Bi Monthly
			Monthly	Annual	

**All applicants will be subject to criminal, credit and eviction checks.*

Current Landlord Name _____

Landlord Contact Information Phone _____

I/We understand that eligibility for this program is income based. I/We hereby certify that the income shown on this application represents the **total gross** household income as of this date, _____, 20 __. I/We understand that this program will be developed throughout the coming year.

Signature, Head of Household

Printed Name

Signature, Spouse or Co-Head of Household

Printed Name

