

PARTICIPANTS MUST LIVE IN FAIRFAX COUNTY SENIOR HOUSING FACILITIES WITH WHOM CFH PARTICIPATES AND MUST APPLY TO THE HOUSING CHOICE VOUCHER PROGRAM

		CHECK PROPERTY:	
	Gum Springs GlenLittle River Glen		
Applicant	t Name		
Co-Appli	cant Name		
Street Ad	dress		
	Ce	ontact (Other than App	licant)
Name		· · · · · · · · · · · · · · · · · · ·	,
Phone		Email	
		For Statistical Purposes	Only
Race		Ethnicity	
Te		- Check all that apply Shelter _ Homeless	Living with friend or Family Other

The Virginia Ely Senior Subsidy Program is made possible through generous grants awarded to CFH from the Fairfax County Consolidate Community Funding Pool, Wardman-Naselli Trust, St. Mary of Sorrows Catholic Church, St. Mark Catholic Church and individuals.





Income Source	Applicant's Income	Co-Applicant's Income
Social Security		
Pension(s)		
Family Support		
IRA Income		
Savings Account Income		
Stocks / Bonds Income		
Rental Property Income		
Other (Please Describe		

Gross Monthly Income – Before Deductions

I understand that admission to Fairfax County Senior Housing is governed by the policies for the County's Elderly Residence Program. I also understand that the CFH annual income requirement for Morris Glen, Little River Glen, Herndon Harbor House I and II is a minimum of \$10,000 and will not exceed 30% of the Area Median Income. The CFH income requirement for Gum Springs Glen is a minimum of \$7,000 and will not exceed 30% of the Area Median Income.

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October 2019



SIGNATURE PAGE

I understand that I will be contacted when my application has been received and processed. If I am determined to be eligible, my name will be placed on the waiting list. As funding is available, applicants will be served in chronological order.

Each applicant must be eligible for the CFH program as well as live in one of the Fairfax **County Senior Housing Program rental facilities.**

I/We understand that CFH requires all participants to apply to the Housing Voucher Program when applications are available. Failure to do so, or failure to accept a Voucher when offered, will result in termination of CFH rental assistance.

Complete applications may be submitted to CFH by U.S. Mail, FAX or email:

Mail: 18139 Triangle Shopping Plaza, Suite 209, Dumfries, VA 22026-2282

FAX: 703-221-3708 - Email: info@cfhva.org

Only complete applications will be processed.

Signatures:

Applicant

Co-Applicant

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Date

Date



AUTHORIZATION TO RELASE INFORMATION

I / We give my authorization to CFH, Inc., (CFH) to release information regarding my participation in the CFH Virginia Ely Senior Rental Subsidy Program to a third party for the sole purpose of auditing this program. I understand that information regarding my participant in this program, including, but not limited to, my address, income and the calculations regarding the rental assistance and any correspondence, may be reviewed by a program auditor from any of the funding sources for this program, as well as the CFH Independent Auditor.

Signatures:

Applicant

Date

Co-Applicant

Date

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