



Northern Virginia  
Family Service

Dear Applicant and Applicant Household,

**Stephanie Berkowitz**  
President and CEO

**Administrative Offices**  
10455 White Granite Dr.  
Suite 100  
Oakton, VA 22124  
571.748.2500 • nvfs.org

**Program Centers**  
**City of Alexandria**  
Healthy Families

**Arlington County**  
Early Head Start  
Head Start  
Multicultural Center

**Fairfax County**  
Bailey's Crossroads  
Community Shelter  
Clock Tower Thrift Shop  
– Centreville  
Clock Tower Thrift Shop  
– Falls Church  
Multicultural Center  
Training Futures

**Loudoun County**  
Early Head Start

**City of Manassas**  
SERVE Campus

**Prince William County**  
Early Head Start  
Hilda Barg Homeless  
Prevention Center

Thank you for your interest in an affordable rental unit managed by Northern Virginia Family Service! These units are income-restricted and are monitored by the Prince William County Office of Housing and Community Development. The application is open to all households who do not exceed the income limit for the available units (50%-80% of the Average Median Income as defined for the Prince William Area dependent on the open units). Applicant households must meet the following criteria for selection, NVFS will perform verification of each item has part of the application process:

- Household size of at least three (3) persons.
- Must have a source of income. Must include full-time employment, as defined by the employer, and/or consistent employment for at least 90 days with the same employer.
- No bankruptcies, liens or judgements within the past three (3) years.
- No evictions within the past three (3) years or ability to pay future rent shown through submitted financial documentation.
- No registered sex offenders.
- References from three previous landlords. If an applicant has less than three prior landlords, NVFS will adjust this requirement on a case-by-case basis.
- Minimum income of \$11,310.00/year.

In order to process an application, we must receive all forms and documents as outlined in the attached checklist. Applications are solely processed dependent on availability of units, and may be reviewed at any time following submission. We will be unable to process your application if you do not meet the criteria above, or do not submit all documentation. If any documentation is missing or requires updating, you will be given notice of that, provided a list of missing documents, and given a ten (10) business day deadline to provide all needed items. Should we not receive all items by 5:00PM on the due, your application will be closed. However, you would be welcome to submit a new application and updated documentation if we closed your application.

General Application Tips:

- Review each form carefully, some require a notary, others just a signature.
- If you have multiple adults in your household, be sure to review the checklist as some forms and documents are needed for each adult.
- Attempt to complete every line and box on a form if possible.
- When providing documentation such as pay stubs or bank statements, include all pages, even if blank or appear not to contain any specific information.

Please note that renting is a tenancy and solely establishes a landlord-tenant relationship between you and NVFS. No case management or another assistance is included with tenancy.

Please contact us at the following to apply or if you require a reasonable accommodation to complete this application:

Mail/Hand Delivery: Northern Virginia Family Service Attn: Affordable Rental Units 10455 White Granite Drive, Suite 100, Oakton, VA 22124

Fax: 703-385-5176 Attn: Affordable Rental Units

Email: [ADURentals@nvfs.org](mailto:ADURentals@nvfs.org)

Phone to request reasonable accommodation or for more information: 571-748-2956

We look forward to providing you safe and affordable housing!

Control: Affordable Rental Application Packet Cover Letter. Last Update: Jan, 2020.



## Initial Application Documents Checklist (Last Update Jan. 2020)

Directions: Please review and follow the below checklist for submission of your application. Note some documents are required for all adults or household members, others for just the head of household. If the line item is not labeled as being required for certain household members, only the head of household is required to complete the form/provide the documentation. All listed documentation must be provided.

\_\_\_ **Completed five-page application form.** (Page five is optional and may be returned blank.)

\_\_\_ **\$25 Application fee for each adult household member (18+).** Fee may be paid via money order or check payable to Northern Virginia Family Service and mailed to the address provided in the application.

\_\_\_ **Completed Rental Terms and Conditions Acknowledgement Form for all adult household members (18+).**

\_\_\_ **Completed PWC consent form for all adult household members (18+).**

\_\_\_ **For each employed adult household member (18+), three (3) months of the most recent consecutive months of pay stubs.** Must include all pages, even if blank.

\_\_\_ **Six (6) months of most recent consecutive bank statements or equivalent account (checking, savings, or other) for each active account held in the name of any household member.**

\_\_\_ **Completed verification of employment authorization form for each adult household member (18+).**

IF NOT EMPLOYED, complete applicant section of form, write "unemployed" and sign.

\_\_\_ **Completed employment commission form for each adult household member (18+).**

\_\_\_ **Completed authorization for tenant reference form for three (3) previous Landlords** (see form direction if you have less than three previous Landlords). **Each Landlord must have a separate form.**

\_\_\_ **Legible copy of original, unaltered valid state-issued photo identification for each adult household member (18+).**

\_\_\_ **Legible copy of original, unaltered birth certificate or other proof of legal residency for all household members.**

\_\_\_ **Legible copy of original, unaltered Social Security card for all household members.**

\_\_\_ **Self-certification of child support form.** Must list all children, even if not receiving child support. Form must be notarized. IN LIEU OF FORM, court order with payment amount listed may be submitted. Prefer that a ledger of payments is also submitted if obtainable.

\_\_\_ **For all benefits or public assistance received and/or declared in the application received in the name of any household member, most recent benefits statement.**

\_\_\_ **For all assets held and/or declared in the application in the name of any household member, most recent account statement or equivalent.** Examples include 401K, Roth IRA, stocks/bonds, etc.

\_\_\_ **If any adult household member (18+) has no bank accounts or other assets, self-certification of zero assets form for that household member.** Must be notarized. Form is not required for adults with assets.

\_\_\_ **If any adult household member (18+) is a full-time student and not employed, current school records confirming full-time status.** Not required for employed students or if not a student.

\_\_\_ **Self-certification form for any deposit into any bank account or equivalent that is not labeled in the description provided in the statement as being a funds transfer from employment, an asset, benefit, or public assistance.** This must be done for each deposit, regardless of size. Declaration must include the following: (1) date of deposit, (2) amount of deposit, and (3) detailed explanation. Must be notarized. Not required if an account has no such deposits.

\_\_\_ **If any deposit is to be paid back ("loan"), documentation from the lender showing repayment terms.** This can be a notarized letter from the lender if a private lender, or the documentation of the loan terms if a public lending company (bank, payday lender, etc). Loans are considered income until this documented is provided.

Important notes:

- All documentation is subject to review by NVFS and the Prince William County Department of Housing and Community Development as part of the approval process. Additional or updated documentation may be required by either reviewer at any time during the approval process.
- All deposits that are not expected to be paid back or from other known sources must be counted as income under affordable rental policy.
- If a self-certification form is not provided or is missing deposits, we still process your application. However, we will automatically count all deposits as income.



# Affordable Rental Application

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

Applicant Name:	# Household Members:	Annual Household Gross Income:
Number of Bedrooms:	Current Lease End 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:**

**MILITARY STATUS (Circle):**

Is any household member a veteran, as defined by the Department of Defense? Yes or No (circle)

First and Last Name	Branch	Rank	Dates Served

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

First and Last Name	Relationship*	SSN	Date of Birth	Race**	Hispanic/Non-Hispanic**
	HOH				

\*Relationship to Head of Household examples: Spouse, Significant Other, Mother, Daughter, Grandfather, Grandchild, Roommate, etc

**\*\*Race and ethnicity information is requested for all individuals applying for the Affordable Rental Units managed by Northern Virginia Family Service. Reported demographic information is not utilized for eligibility decisions, but rather to ensure compliance with grant requirements and efforts to reach all segments of the population. NVFS is required to report names, race, ethnicity, income, and other information on all tenants to the Prince William County Office of Housing and Community Development, and has the right to request this information on applicants who were not offered tenancy. You may decline to provide this information and NVFS will process the application without this information.**

**EMERGENCY CONTACT:**

Who should we contact in the case of an emergency?

Name	Address	Home Phone	Work Phone	Relation

**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 yes, amount owed: \$ \_\_\_\_\_

**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>			

**MONTHLY FINANCIAL INFORMATION:**

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

**CRIMINAL HISTORY:**

Has a member of the household been involved with the criminal justice system for past alcohol, drug, or sex  Yes  No offenses? 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

**VEHICLE INFORMATION:**

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 per each adult household member 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 and sex offender check 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 background check 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 a unit federally funded under the NSP-Affordable Housing Program managed by NVFS and monitored by the Prince William County Department of Housing and Community Development. I 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 NVFS or PWC requires while reviewing my application, within ten (10) business days from the date of 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 check to include sex offender registries, employment, and 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**

**Additional information:**

Please use this page if you need more room to answer any question presented on this application. Please indicate the section(s) of the application the additional answer is for. This page may be left blank if you have no additional information.



# Northern Virginia Family Service Affordable Rental Units Acknowledgement of Rental Terms and Conditions for Applicants

The below lists terms and conditions, as well other information about your protentional tenancy with Northern Virginia Family Service. It should be read carefully by each adult member of your household, signed if in agreement, and returned to NVFS with your application (a separate form is required for each adult). The application will not be processed until this form is signed and returned. This does not replace your lease in any lease, if so offered a lease, and you are expected to be aware of the below in addition to all lease terms.

**I, the below named applicant, acknowledge the following:**

- I have received an application packet containing a cover letter outlining all NVFS tenant selection criteria, and a checklist outlining all needed documentation for the application.
- NVFS Affordable Rental Units is not a program. Any reference to a “program” in the lease or elsewhere solely refers to the federal funding used by NVFS to purchase the unit. NVFS’ relationship to all tenants is strictly landlord-tenant at all times. As such, the tenancy is solely guided by the lease and Virginia Landlord-Tenant Act, and all conditions of the funder, the Prince William County Office of Housing and Community Development.
- NVFS’ rents are 30% of monthly gross (pre-tax/pre-deduction) income and asset documentation presented at the time of application, minus a utility allowance. NVFS does not adjust rent calculations except where required to by Prince William County during the application approval process.
- If offered a lease, Applicant’s household is required to immediately pay a security deposit and first month rent as well as purchase Renters Insurance and provide NVFS with proof of purchase within 30 days per the lease terms.
- If offered a lease, the lease is non-negotiable once signed. Applicant’s household is required to follow all lease terms and conditions including, but not limited, to:
  - Unless otherwise agreed to between NVFS and Applicant prior to lease signing and the lease is modified, rent is due on first of each month without demand or notice by NVFS. Payment is late on the second, even though a late fee is not charged until the fifth. There is no grace period or extension to the due date.
  - Additional offers of a lease after one year are based on tenancy history including the frequency of on-time payments, current income, and a housing inspection. No additional re-certification is guaranteed.
  - NVFS has the right to issue a Five Day Pay or Quit Notice any time rent is not received by the date the late fee is assessed, beginning on the sixth of the month, and anytime thereafter.
  - Tenancy will automatically change to a month-to-month tenancy should re-certification be delayed.
  - No other letter, email, or other communication between Tenant and NVFS can modify the lease terms.
- NVFS does not offer case management or other services to assist with renting. Please contact a separate agency, Virginia Cooperative Extension, if you require assistance with being a renter. 703-792-4371
- NVFS does not offer financial assistance or other to tenants. Please contact a separate agency, Prince William County Coordinated Entry System, if you require any other assistance. 703-792-3366
- I have had the opportunity to seek clarification from NVFS, [adurentals@nvfs.org](mailto:adurentals@nvfs.org) 571-748-2656.

**Initial or check one of the following statements. My signature below affirms the below declaration:**

\_\_\_\_\_ I acknowledge and agree to the above. Please include me in the Applicant’s household.

**OR**

\_\_\_\_\_ I do not agree to the above. Please remove me and all of my dependents from the Applicant’s Household.

Applicant Name

Applicant Signature

Date



**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.**

## AUTHORIZATION FOR VERIFICATION OF EMPLOYMENT AND INCOME

I authorize Northern Virginia Family Service to perform a check of my employment status and consent to release the information listed below regarding my employment, schedule, hours worked, amount and type of compensation or termination when applicable from my employer and/or a third party employment verification system.

Self-declaration of current employment statement status (check one):

By my signature below, I hereby declare that I (\_\_\_\_) AM or (\_\_\_\_) I AM NOT currently employed with the employer named below or any other employer.

\_\_\_\_\_  
Applicant Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Suite #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Employer Name (Past employer if currently unemployed)

\_\_\_\_\_  
Employer Fax Number and/or Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Control: ARU VOE Employment Verification Authorization Form. Last Update: June, 2018.

**AUTHORIZATION FOR TENANT REFERENCE**

I authorize Northern Virginia Family Service to perform a reference check of my current or previous tenancy and consent to release information regarding my payment history, lease history, compliance with lease terms, and any other information requested by NVFS when applicable from my current or previous Landlord.

Self-declaration of current employment statement status (check one):

\_\_\_\_\_ By my signature below, I hereby declare that I have currently or previously held a tenancy with the Landlord named below. I have submitted a separate form for my three most recent Landlords, and the Landlord contact information provided below is true and correct to the best of my knowledge.

\_\_\_\_\_ By my signature below, I hereby declare that I have not held any previous tenancy, have held less than three previous tenancies, or are unable to provide contact information to enable NVFS to contact a tenant reference check. I have submitted a separate form for each landlord I have held, in addition to this form, for the Landlord(s) I have held tenancies from and am able to provide contact information for.

\_\_\_\_\_  
Applicant Name (Please Print or Type)

\_\_\_\_\_  
Dates of Tenancy

\_\_\_\_\_  
Rental Street Address

\_\_\_\_\_  
Suite #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Landlord Name; Landlord Fax Number, Email, and/or Phone Number (circle provided)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Control: ARU Tenant Reference Form Part I. Last Update: January, 2020.

### 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
------------------------	---------------------------	------

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
-------	--------	-------------

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:\_\_\_\_\_