



13190 Centerpointe Way Suite #102
 Woodbridge, VA 22193
 Office No. (703) 730-1078
 Fax No. (703) 763-3895
www.goodshepherdhousing.org

AFFORDABLE HOUSING PROGRAM

Date: _____

Applicant Name: _____ Soc. Sec No. _____
 Last First MI DOB: _____

Co-Applicant Name: _____ Soc. Sec No. _____
 Last First MI DOB: _____

Current Mailing Address: _____
 Street City State/Zip Code

Contact No: _____ Home Work Email: _____

FAMILY TYPE:

- Single Female Single Male Single Female Parent Single Male Parent 2 Parents Family
- Adult Couple Other please explain: _____

HOUSE HOLD MEMBERS:

FULL NAME	Gender	Relationship	DOB	SS#	Race Code	Military Active Duty/Veteran?	Criminal History?
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Race Codes: (1) American Indian or Alaskan (2) Asian (3) Black/African American (4) Native Hawaiian or Other Pacific Islander (5) White/Caucasian

EMPLOYMENT HISTORY: (Head of Household)

Are you currently employed? Yes No

If yes,

Is this permanent, part-time, temporary, or seasonal work?

Permanent Part-time Temporary Seasonal

If no,

Are you currently looking for work? Yes No

Are you currently unable to work? Yes No Reason: _____

EMPLOYMENT HISTORY: (Co-Applicant)

Are you currently employed? Yes No

If yes,

Is this permanent, part-time, temporary, or seasonal work?

Permanent Part-time Temporary Seasonal

If no,

Are you currently looking for work? Yes No

Are you currently unable to work? Yes No Reason: _____

HEAD OF HOUSEHOLD - Sources and Amount of Income: (per month)

(Please provide employment information for the past five years).

Current Employer: _____ Date of Hire: _____ Position: _____

Employer Address: _____

Supervisors name: _____ Contact Number: _____

How many hours worked a week: _____ Hourly Pay: _____ Monthly Income: _____

May we contact your Supervisor? Yes No

Previous Employer:

Employer: _____ From: _____ To: _____ Position: _____

Employer Address: _____

Supervisors name: _____ Contact Number: _____

How many hours worked a week: _____ Hourly Pay: _____ Monthly Income: _____

May we contact your Supervisor? Yes No

Reason for leaving employment? _____

Previous Employer:

Employer: _____ From: _____ To: _____ Position: _____

Employer Address: _____

Supervisors name: _____ Contact Number: _____

How many hours worked a week: _____ Hourly Pay: _____ Monthly Income: _____

May we contact your Supervisor? Yes No

Reason for leaving employment? _____

CO-APPLICANT - Sources and Amount of Income: (per month)

(Please provide employment information for the past five years).

Current Employer: _____ Date of Hire: _____ Position: _____
Employer Address: _____
Supervisors name: _____ Contact Number: _____
How many hours worked a week: _____ Hourly Pay: _____ Monthly Income: _____
May we contact your Supervisor? Yes No

Previous Employer:

Employer: _____ From: _____ To: _____ Position: _____
Employer Address: _____
Supervisors name: _____ Contact Number: _____
How many hours worked a week: _____ Hourly Pay: _____ Monthly Income: _____
May we contact your Supervisor? Yes No
Reason for leaving employment? _____

Previous Employer:

Employer: _____ From: _____ To: _____ Position: _____
Employer Address: _____
Supervisors name: _____ Contact Number: _____
How many hours worked a week: _____ Hourly Pay: _____ Monthly Income: _____
May we contact your Supervisor? Yes No
Reason for leaving employment? _____

FINANCIAL STABILITY: (Head of Household)

Income:

Income Gross from Employment: \$ _____
TANF \$ _____ a month SNAP \$ _____ a month Child Support \$ _____ a month
Alimony \$ _____ a month SSI \$ _____ a month Disability \$ _____ a month
Veteran's Benefit \$ _____ a month Public/Subsidized Housing \$ _____ a month

Expense:

Total Monthly Expenses/Amounts \$ _____
Rent \$ _____ a month Student Loans \$ _____ a month Credit Cards \$ _____ a month
Car Payment \$ _____ a month Car Insurance \$ _____ a month Utilities \$ _____ a month
Cell Phone \$ _____ a month Childcare \$ _____ a month Medical Ins. \$ _____ a month
Other Debt \$ _____ a month

Please Estimate Your Total Debt Amount? \$ _____

Have you seen your credit report in the last year? Yes No

If so, what was your score? Below 550 550-600 600-650

What type of credit history do you have?

Good Bad No Credit History Don't Know

Please explain: _____

Assets:

Do you have a bank account? Yes No

Checking \$ _____ Savings \$ _____ Other \$ _____

FINANCIAL STABILITY: (Co-Applicant)

Income:

Income Gross from Employment: \$ _____

TANF \$ _____ a month SNAP \$ _____ a month Child Support \$ _____ a month

Alimony \$ _____ a month SSI \$ _____ a month Disability \$ _____ a month

Veteran's Benefit \$ _____ a month Public/Subsidized Housing \$ _____ a month

Expense:

Total Monthly Expenses/Amounts \$ _____

Rent \$ _____ a month Student Loans \$ _____ a month Credit Cards \$ _____ a month

Car Payment \$ _____ a month Car Insurance \$ _____ a month Utilities \$ _____ a month

Cell Phone \$ _____ a month Childcare \$ _____ a month Medical Ins. \$ _____ a month

Other Debt \$ _____ a month

Please Estimate Your Total Debt Amount? \$ _____

Have you seen your credit report in the last year? Yes No

If so, what was your score? Below 550 550-600 600-650

What type of credit history do you have?

Good Bad No Credit History Don't Know

Please explain: _____

Assets:

Do you have a bank account? Yes No

Checking \$ _____ Savings \$ _____ Other \$ _____

Any children who are coming into this program with you received money from any of the following sources in the last month? Yes No

And if so, what amount did you receive from each source?

Child Support \$ _____ Earned Income \$ _____ SSI/SSDI \$ _____

TANF \$ _____ SNAP \$ _____ Other \$ _____

LIVING SITUATION:

Are you currently or at-risk of homelessness? Yes No

Have you been placed on the county waiting list? Yes No

Where did you stay last night?

- Rented home/apartment Living with a friend/family member Jail, prison, juvenile detention facility
- Hospital Hotel or motel Transitional housing for formerly homeless
- Safe Haven Emergency shelter Psychiatric hospital
- Foster care or group home Permanent housing for formerly homeless

Are you currently or have you ever received housing assistance: Yes No

If yes, what type of housing assistance: (check all that apply)

- Emergency Shelter
- Transitional Housing
- Rapid Rehousing
- Permanent housing for formerly homeless persons
- Subsidized Housing
- Other financial assistance: _____

HOUSING BARRIERS:

- No rental history
- Eviction(s) ____
- Large family (3+ children)
- Single parent household
- Head of household under 18
- Sporadic employment history
- No high school diploma/GED
- Insufficient/no income
- Insufficient savings
- No or poor credit history
- Debts
- Repeated or chronic homelessness
- Recent history of substance abuse or actively using drugs or alcohol
- Recent criminal history
- Adult or child with mild to severe behavioral problems
- History of abuse and/or battery but abuser not in the unit
- Recent or current abuse and/or battering (client fleeing abuser)
- Other: _____

LEGAL STATUS:

Is anyone in your household on probation? Yes No End date of probation _____

Is anyone in your household on parole? Yes No End date of parole _____

Name of Probation/Parole Officer: _____ Phone: _____

List County and State of current probation/parole: _____

List all felony and misdemeanor charges with dates and dispositions.

EDUCATION: (Head of Household)

Do you have a high school diploma or GED? Yes No

If not, highest grade completed in school: _____

Do you have Trade, Vocational, College Certificate or Degree? Yes No

If so, please list (School, Degree, and Graduation year): _____

EDUCATION: (Co-Applicant)

Do you have a high school diploma or GED? Yes No

If not, highest grade completed in school: _____

Do you have Trade, Vocational, College Certificate or Degree? Yes No

If so, please list (School, Degree, and Graduation year): _____

MILITARY SERVICES:

Have you or any other member of your household ever served in the Military? Yes No

Which service branch? _____ Head of Household Co-Applicant

Did you receive an honorable discharge? Yes No

If not, what type of discharge did you receive? _____

IDENTIFICATION/PAPERWORK

Currently possesses: (All household members)

- Social Security Card Yes No Needs to Obtain
- Birth certificate Yes No Needs to Obtain
- State Issued ID Yes No Needs to Obtain
- Green Card/Work Permit Yes No Needs to Obtain

SIGNATURE:

Signature indicates acceptance that all information given on this application is true and accurate.

Applicant Signature Date

Co-Applicant Signature Date

If completed by another person, please give name, relationship, address, and telephone number:

Please fax applications to 703-763-3895 or email to gshf_admin@goodshepherdhousing.org

OFFICE USE ONLY

Application Submitted Date		Application Meeting Scheduled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client Documentation Received			
OHCD Application Submitted		Follow-up necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason:
Program Decision	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined	Program Enrolled	<input type="checkbox"/> SH <input type="checkbox"/> SL <input type="checkbox"/> AFF Rental <input type="checkbox"/> HPP
(If declined please specify the condition or reason for refusal)			
Staff's Name and Signature			Date