

# FAIRFAX COUNTY WORKFORCE DWELLING UNIT APPLICATION PROCESS GUIDE

## CONTACT

(703) 246-5087

[FTHBHOMEOWNERSHIP@FAIRFAXCOUNTY.GOV](mailto:FTHBHOMEOWNERSHIP@FAIRFAXCOUNTY.GOV)

Homeownership Resource Center  
3700 Pender Drive, Fairfax, VA  
M-F 9am-4pm, W 1-4pm

[WWW.FAIRFAXCOUNTY.GOV/HOUSING/HOMEOWNERSHIP](http://WWW.FAIRFAXCOUNTY.GOV/HOUSING/HOMEOWNERSHIP)

## LINKS

### ORIENTATION SCHEDULE:

[WWW.FAIRFAXCOUNTY.GOV/HOUSING/HOMEOWNERSHIP/ORIENTATION-SCHEDULE](http://WWW.FAIRFAXCOUNTY.GOV/HOUSING/HOMEOWNERSHIP/ORIENTATION-SCHEDULE)

### APPLICATION SESSION:

EMAIL: [GAIL.LEE@FAIRFAXCOUNTY.GOV](mailto:GAIL.LEE@FAIRFAXCOUNTY.GOV)

### VHDA HOMEOWNERSHIP CLASS:

REGISTER DIRECTLY AT: [WWW.VHDA.COM](http://WWW.VHDA.COM)

## STEPS TO APPLY

1. LENDER-PRE APPROVAL
2. UNIT TOUR
3. SUBMIT APPLICATION

PRIOR TO PURCHASE (ANY ORDER):

- VHDA
  - ORIENTATION
  - APPLICATION SESSION
- \*1-on-1 Purchasing Counseling may be offered in lieu of Orientation/Application Session*

## REQUIRED DOCUMENTS

### NEW APPLICATIONS

- ☐ **WDU APPLICATION FORM (ATTACHED):** Completed & signed by all household members 18+.
- ☐ **LENDER CONDITIONAL PRE-APPROVAL LETTER (ATTACHED):** Provide a conditional pre-approval letter on our form completed by your lender and signed by all household members age 18 and older.
- ☐ **TRIPLE MERGE CREDIT REPORTS:** Provide a triple merge credit report for all members 18 or older. The reports must be dated within 90-days of your application.
- ☐ **FEDERAL TAX RETURNS:** Provide **ONE** most recent Federal Tax Return with all attached schedules, W-2s, and 1099s for each adult household member or non-filing.
- ☐ **CURRENT LEASE**
- ☐ **GOVERNMENT ISSUED PHOTO ID FOR ALL ADULTS:** Provide a driver's license or other photo ID with current address for all members of your household age 18 or older.
- ☐ **VERIFICATION OF LEGAL STATUS:** For non-citizens, provide legal immigration status.

### DRAWING WINNERS + IMMEDIATELY AVAILABLE

- ☐ **BANK & ASSET ACCOUNT STATEMENTS:** TWO most recent statements for each bank or asset account listed on your application showing the current balance and interest or dividend rate. Examples: *Brokerage Accounts, Stocks & Bonds, Certificates of Deposit, Money Market, or Other Investments.* **You must provide documentation to show the original source of funds for any deposit of \$100 or more (not identified as wages, benefits, etc.)**
- ☐ **PAY STUBS:** THREE months most recent pay stubs for each job worked. Pay stubs must be provided for each household member who is working.
- ☐ **FEDERAL TAX RETURNS:** Provide **THREE** most recent Federal Tax Return with all attached schedules, W-2s, and 1099s for each adult household member or non-filing.
- ☐ **SELF-EMPLOYMENT INCOME:** If self-employment income is not reported on Federal Tax Return Form 1040 Schedule C, you must provide 3-months of current income documentation.
- ☐ **OTHER INCOME VERIFICATION:** You must provide documentation (e.g. award letter, court document, etc.) for all other sources of income, including *Social Security, SSI, Unemployment Compensation, Veteran's Benefits or Child Support* or other income.
- ☐ **FEDERAL TAX RETURNS:** Provide the 3 most recent Federal Tax Returns with all attached schedules, W-2s, and 1099s for each adult household member or proof on non-filing.

### IF APPLICABLE

- ☐ **INCOME AFFIDAVIT (APPLICATION PAGE 3):** For any household member age 18 or older that has no income, provide the completed Income Affidavit. The affidavit must be signed and notarized.
- ☐ **GUARDIANSHIP VERIFICATION:** If dependent children are not listed on your tax return, you must provide a birth certificate or hospital record for new births, or a copy of your custody agreement or school record which includes the home address.
- ☐ **FULL-TIME STUDENT STATUS VERIFICATION:** Household members age 18 or older claiming full-time student, must provide verification of their full-time status such as class schedule.
- ☐ **DIVORCE DECREE OR DEATH CERTIFICATE:** For any household member who is divorced or widowed

## ELIGIBILITY

- First-Time Homebuyer status NOT required
- No minimum income
- No minimum credit score
- Must qualify for loan without co-signer
- Back-End Debt to Income Ratio no higher than 45%

## FINANCIAL REQ.

- Deposit: \$1000
- Down Payment: 2% of purchase price from own funds
- Closing Costs: 3-5% of purchase price in assets or gift funds
- Gift Funds: No more than 50% purchase price

## INCOME LIMITS

SIZE	70% AMI	80% AMI	100% AMI	120% AMI
1	\$ 57,450	\$ 65,700	\$ 82,050	\$ 98,500
2	\$ 65,650	\$ 75,050	\$ 93,800	\$ 112,550
3	\$ 73,850	\$ 84,450	\$ 105,500	\$ 126,600
4	\$ 82,050	\$ 93,800	\$ 117,200	\$ 140,650
5	\$ 88,650	\$ 101,350	\$ 126,600	\$ 151,950
6	\$ 95,200	\$ 108,850	\$ 136,000	\$ 163,200
7	\$ 101,750	\$ 116,350	\$ 145,350	\$ 174,450
8+	\$ 108,350	\$ 123,850	\$ 154,750	\$ 185,700

## LOCAL LENDER LIST

YOU must call Lenders DIRECTLY for an APPOINTMENT  
& ask what documents you are required to bring

<b>Aisha Abdelkader</b> M&T Manassas 571-921-1264 Aabdelkader@mtb.com	<b>Deborah W. Ahmadi</b> Access National Reston 703-871-1311 dahmadi@accessnational.com	<b>Mary Krueger</b> Movement Fairfax 703-597-6279 mary@marykrueger.com	<b>Maria Vasilakos</b> Monarch Manassas 571-334-3299 mvasilakos@monarch1893.com	<b>Jaime Albarracin</b> JG Wentworth Woodbridge 703-655-5415 jalbarracin@jgw.com	<b>Dilal Ahmed</b> Fairway Ashburn 703-520-1357 dilala@fairwaymc.com
<b>Donald Gay</b> Fairway Vienna 703-283-0784 dgay@fairwaymc.com	<b>Lisa Roddy-Burns</b> Howard Bank Bethesda 703-462-1457 lrburns@howardbank.com	<b>NW Federal Credit Union</b> Herndon 703-709-8921 Mortgages@nwfcu.org	<b>Rob McMains</b> Loansteady Falls Church 703-405-2179 rob@loansteady.com	<b>Apple Federal Credit Union</b> Fairfax 703-766-8865 Krichardson@applefcu.org	



# WORKFORCE DWELLING UNIT APPLICATION

## FAIRFAX COUNTY AFFORDABLE HOMEOWNERSHIP PROGRAM



<b>HOUSEHOLD NAME:</b>	<b>ADDRESS:</b>	<b>CITY/STATE/ZIP:</b>
------------------------	-----------------	------------------------

Check Application Type: ☐ New Application ☐ Recertification ☐ Change/Update ☐ Property Drawing – Address: \_\_\_\_\_

Application & Eligibility documents must be included in ONE EMAIL (PDF format ONLY) to [ftbhomeownership@fairfaxcounty.gov](mailto:ftbhomeownership@fairfaxcounty.gov)

<b>REQUIRED DOCUMENTS CHECKLIST</b>	<b>NEW APPLICATION &amp; RECERTIFICATION</b>	<b>IMMEDIATELY AVAILABLE UNITS &amp; DRAWING WINNERS</b>
	<input type="checkbox"/> Online Orientation Quiz Results OR <input type="checkbox"/> In-Person Orientation Date: _____ <input type="checkbox"/> Fairfax Co. Lender Pre-Approval Letter [Dated w/in 120 Days of Application] <input type="checkbox"/> Triple Merge Credit Report [For EACH Member 18+ & Dated w/in 120 Days] <input type="checkbox"/> Government issued photo ID [All Adults 18+] <input type="checkbox"/> Most Recent Federal Tax return OR IRS FORM 4506-T [All Adults 18+] <input type="checkbox"/> W-2s & all schedules [All Adults 18+] <input type="checkbox"/> Citizenship/Immigration Status [All Household Members] <input type="checkbox"/> Lease [Current Address]  <b>If Receiving Gift Funds:</b> <input type="checkbox"/> Not Applicable OR <input type="checkbox"/> Gift Letter <b>If Previously Married:</b> <input type="checkbox"/> Not Applicable OR <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Death Cert <b>If Adult Full-Time Student :</b> <input type="checkbox"/> Not Applicable OR <input type="checkbox"/> Transcript/Enrollment <b>If Dependents not Listed on Tax Return:</b> <input type="checkbox"/> Not Applicable OR <input type="checkbox"/> Custody Doc	<p><i>New copies of ALL New Applicant documents must be re-submitted by Drawing Winners (regardless of if they are already on file)</i></p> <input type="checkbox"/> <b>THREE YEARS Federal Tax Return OR IRS FORM 4506-T</b> [All Adults 18+] <input type="checkbox"/> <b>THREE YEARS W-2s &amp; all schedules</b> [All Adults 18+] <input type="checkbox"/> <b>THREE MONTHS Paystubs for all jobs</b> [All Adults 18+] <input type="checkbox"/> <b>TWO MONTHS All Bank Account Statements</b> [All Adults] <input type="checkbox"/> <b>TWO RECENT Asset Account Statements</b> [All Adults] Includes: Brokerage, Stocks, Bonds, CD's, Retirement  <b>If Self-Employed:</b> <input type="checkbox"/> N/A OR <input type="checkbox"/> Schedule C <input type="checkbox"/> Profit/Loss <b>If Deposits Over \$100:</b> <input type="checkbox"/> N/A OR <input type="checkbox"/> Source of Funds <b>If Receiving Other Income:</b> <input type="checkbox"/> N/A OR <input type="checkbox"/> Award/Statement Includes: Brokerage, Stocks, Bonds, CD's, Retirement

<b>PREFERENCES &amp; PRIORITIES</b>	Do you live in Fairfax County?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
	Do you work in Fairfax County? Employers Address: _____	Yes <input type="checkbox"/>		No <input type="checkbox"/>
	Does anyone in the household have a disability? If Yes, Name & Relationship to HoH: _____	Yes <input type="checkbox"/>		No <input type="checkbox"/>
	Does anyone in the household have a disability requiring a mobility accessible unit?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
	Does anyone in the household currently have ownership interest in a residence either in the United States or abroad?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
	Did anyone in the household have ownership interest in a residence (US or abroad) within the past three years?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
	Has anyone in the household ever owned a home that went into foreclosure?	Yes <input type="checkbox"/>		No <input type="checkbox"/>

### INCOME SOURCE: DO YOU OR ANY HOUSEHOLD MEMBERS (INCLUDING CHILDREN) RECEIVE?

Wages and Salary (Employment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Commission, Tips, Overtime, or Bonus	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Self-Employed, Business/Partnership	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Veterans Administration Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pensions/Annuity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dividends from stocks or bonds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Social Security/Social Security Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
General Relief or AFDC/TANF	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unemployment Compensation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Workers Comp or Disability benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child Support or Alimony	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Military Pay or Allowances	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medicaid	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Income from Real Estate investments	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Regular gifts, contributions, or other aid	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### HOUSING HISTORY: CHECK THE APPROPRIATE BOX

Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you currently receive Housing Choice Voucher (Section8) rental assistance?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you currently live in a federally funded Public Housing unit?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you currently live in a Fairfax County Rental Program Unit?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you currently own a Fairfax County Affordable Dwelling Unit (ADU)?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you previously owned a home purchased through a 1 <sup>st</sup> Time Homebuyer Program?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you or anyone in your household owe money to a Housing Authority?
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what Housing Authority/Amount owed? _____ / \$ _____

### PLEASE CHECK ALL THAT APPLY:

Single Female Head of Household	<input type="checkbox"/> Yes
Fairfax County Government employee	<input type="checkbox"/> Yes
Fairfax County Public School Teacher	<input type="checkbox"/> Yes
Fairfax County Public Safety Worker	<input type="checkbox"/> Yes
*Police, Fire/Rescue, Health Care serving Fairfax Co.	
What is your primary language? _____	

### HEAD OF HOUSEHOLD RACE/ETHNICITY

CHECK ALL THAT APPLY:	Non-Hispanic	Hispanic
White	<input type="checkbox"/>	<input type="checkbox"/>
Black	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>
Hawaiian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>

**HOUSEHOLD COMPOSITION:** List all persons who will be living in your home. Include each source of income on a new line.

Household Member FIRST LAST	Social Security No.	Date of Birth	Sex	Age	Relation to Head	Marital Status	Citizen ship Status	Fulltime Student Over 18?	Income Source IE: Wages, Self-Employment SSA/SSI, Child Support, Pension <i>Include Employers Name/ Address</i>	Gross Annual Income
					HEAD					
<b>TOTAL GROSS INCOME:</b>										

Marital status:S=Single, M=Married, Sep=Separated, D=Divorced, W=Widowed / Citizenship: C=Citizen, N=Non-Citizen

<b>ASSETS</b>	Household Member FIRST LAST	Type: Checking, Savings,CD, 401K, IRA, Stock, Cash on Hand, Gift Money, etc.	Financial Institution Name	Account Number	Balance	
	<b>TOTAL OF ALL ACCOUNT BALANCES:</b>					

## PLEASE READ BEFORE SIGNING:

I hereby certify under penalty of law that all of the information provided on this application form is true, complete, and correct. I understand that I am required to report any changes in household composition, income, or assets within 10 business days of the change. I also understand that any person who attempts to obtain housing assistance by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime punishable under federal and state law and may result in determination of ineligibility for or termination from any DHCD/FCRHA assisted housing program. I acknowledge that a false declaration is grounds for disqualification from the Workforce (FTHB) program and from the opportunity to purchase a FTHB property. I further declare that no member of the listed household has in the past three years before commencement of homeownership had any ownership interest in a residence either here or abroad and no member of the household has had a foreclosure on any home at any time in the past.

By signing this form, I agree to the release of my/our financial information as may be necessary to verify eligibility to participate in a FTHB opportunity and agree to the exchange of this information between the Fairfax County Department of Housing and Community Development/Fairfax County Redevelopment and Housing Authority, U.S. Department of Housing and Urban Development, Lender and Loan Servicer, and other providers of federal, state, or local assistance.



Fairfax County is committed to nondiscrimination on the basis of disability in all County programs, services and activities. Special accommodations will be provided upon request. Please allow seven working days for preparation of materials. For information call 703-246-5101 or 703-385-3578 (TTY).

## ALL ADULTS 18 AND OVER MUST SIGN.

Applicant/Head of Household	Signature	Date	Phone	Email
Co-Applicant Print Name	Signature	Date	Phone	Email
Adult Applicant Print Name	Signature	Date	Phone	Email
Adult Applicant Print Name	Signature	Date	Phone	Email
Adult Applicant Print Name	Signature	Date	Phone	Email

Complete Section below ONLY IF one or more Adult Household Member receives ZERO INCOME

### ZERO INCOME AFFIDAVIT : REQUIRES NOTARY (VALID FOR 30 DAYS)

- ☐ I \_\_\_\_\_, do hereby swear or affirm that I do not have any income from any source.  
Head of Household (Print)
- ☐ I \_\_\_\_\_, do hereby swear or affirm that \_\_\_\_\_ is a member of my family, resides with me, and does not have income from any source.  
Head of Household (Print) Adult Receiving Zero Income (Print)

**HEAD OF HOUSEHOLD SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Income may include, but is not limited to the following: Wages, Public Assistance (TANF, General Relief, Social Security; SSI, etc); Child Support, alimony, or regular monetary gifts from family or friends, etc; Assets (real estate, stocks, inherited property, etc); U.S. Saving Bonds, Stocks or bonds of any kind; Income from interest on savings, checking, Christmas club and other bank accounts; IRAs, Certificates of Deposit, Money Market Funds, Credit Union, etc; Pension, annuities, retirement funds, etc (This includes benefits you receive from any beneficiary of a Life Insurance or retirement plan); Whole Life Insurance; Real Estate Property, Earned Income Tax Credit, etc; or Any other income including tips, sold property, babysitting, etc.

Subscribed and sworn to before me this:  
\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public

State of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

# FAIRFAX COUNTY CONSENT FOR AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Fairfax County Department of Housing and Community Development (HCD) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued participation under the Housing Choice Voucher, Fairfax County Rental, Public Housing, First-Time Homebuyers Program and/or other housing assistance programs (“housing program(s)”). I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and/HCD staff as agents for the Fairfax County Redevelopment and Housing Authority in administering and enforcing program rules and policies.

## INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to: Identity and Marital Status, Employment, Income and Assets, Residences and Rental Activity, Credit and Criminal Activity and Medical or Child Care Allowances. Any information provided to and obtained by any employee of HCD may be reviewed for relevance to eligibility status. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing program.

## GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) includes, but is not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administration	Social Security Administration
Welfare Agencies	Retirement Systems	Post Offices	Credit Providers and Credit Bureaus
Courts, Probation and Parole	State Unemployment Agencies	Utility Companies	Banks and other Financial Institutions
Law Enforcement Agencies	Educational Institutions	Family Services	Medical and Child Care Providers
Support and Alimony Providers	Coordinated Services Planning	Schools	Other service providers (cell phone, cable, etc)

## SPECIAL RELEASE: ANNUAL HOMEOWNER’S INSURANCE POLICY

I specifically authorize all present and future providers of any and all Homeowners Insurance Policy providers providing coverage for any and Workforce Developments Units purchased under a Fairfax County Affordable Homeownership Program by the signee herein to release information related to the aforementioned policy to HCD staff as agents for the Fairfax County Redevelopment and Housing Authority. Use of this information shall be limited to administering and enforcing program rules and policies. This authorization shall remain valid during the duration any and all signees herein hold an ownership interest in a Workforce Development Unit purchased through the Fairfax County Affordable Homeownership Program. I understand that cancellation or modifications of this authorization may not be made during the duration of ownership of the Unit. A photocopy of this authorization shall be as effective and valid as the original. I furthermore release all parties stated here within from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise appropriate safeguards while using this information.

## COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HCD may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or HCD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and State and local welfare and food stamp agencies.

## CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with HCD and will stay in effect during my participation in the housing program. I understand I have a right to review my file and correct any information that I can prove is incorrect. NOTE: This release information form may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, “Request for copy of tax form” must be prepared and signed separately.

## SIGNATURES: ALL ADULT HOUSEHOLD MEMBERS 18+ MUST SIGN

Head of Household	(Print Name)	Date
Spouse	(Print Name)	Date
Adult Member	(Print Name)	Date
Adult Member	(Print Name)	Date
Adult Member	(Print Name)	Date



Fairfax County is committed to nondiscrimination on the basis of disability in all County programs, services and activities. Special accommodations will be provided upon request. For information call 703-246-5101 or TTY 711

# FAIRFAX COUNTY WORKFORCE DWELLING UNIT APPLICANT ACKNOWLEDGEMENTS

By initialing below, I/ We understand that Restrictive Covenants recorded in the land records apply to all homes purchased through Fairfax County Affordable Homeownership Programs; including, but not limited to the following restrictions:

- \_\_\_\_ A. *I must occupy the Unit purchased through the Program as my primary residence. Every year an Occupancy Affidavit will be mailed to me, which I must return certifying that I do in fact live in the Unit.*
- \_\_\_\_ B. *I may sell the Unit at any time. If I choose to sell during the first 30 years (known as the Control Period), I must sell the Unit at the Control Price, which is equal to the purchase price plus an adjustment for the annual increases in the Consumer Price Index and any allowable improvement made.*
- \_\_\_\_ C. *If I choose to sell during the 30 year Control Period, I must first offer the Unit to Fairfax County at the Control Price via written notice.*
- \_\_\_\_ D. *After the 30 year Initial Control Period, if I choose to sell the Unit, it must be first offered to Fairfax County at the Market Price via written notice. If Fairfax County does not purchase the Unit, it may be offered for sale on the Open Market. Fifty Percent of the difference between the net sales price paid by the purchaser and the current Control Price (known as the "Net Profit") must be contributed to the Fairfax County Housing Trust Fund.*
- \_\_\_\_ E. *Unit restrictions are governed by General Covenants recorded for entire developments, Individual Covenants for each Unit (if applicable), as well as any Amended and Restated Covenants recorded.*
- \_\_\_\_ F. *Any loans obtained to purchase the Unit, may not be more than the Control price. I may not obtain financing based on the Unit's Market Value.*
- \_\_\_\_ G. *I must obtain financing from a Lender who agrees to give Fairfax County 90 Days' Notice of Default and Notice of Foreclosure, so that the County may cure the default or exercise its right to acquire the Unit.*
- \_\_\_\_ H. *ADU Covenants will only be released on Units foreclosed on by Eligible Lenders, who give Notice as defined above.*
- \_\_\_\_ I. *If the Unit is not acquired by Fairfax County during foreclosure proceedings, Fifty percent of the sales proceeds over the amount of the Outstanding First Trust Debt shall be contributed to the Fairfax County Housing Trust Fund.*
- \_\_\_\_ J. *The County's Equity Share of the Market Sale or Foreclosure of the Program Unit, are considered a lien against the Unit, which I am legally bound to satisfy upon the Market Sale or Foreclosure of the Unit.*
- \_\_\_\_ K. *Tax Assessments for the Unit during the 30 year Control Period, will be based on the Control Price. After the 30 year Control Period, during the Extended Control Period, taxes will be based on the market value of the Unit, which may significantly raise taxes due.*
- \_\_\_\_ L. *A copy of my Homeowners Insurance Policy must be provided annually. I must authorize the provider of my policy to provide a copy of the policy to the Fairfax County Redevelopment and Housing Authority (FCRHA). If I change policy providers at any time during my ownership of the Unit, I must provide an updated authorization to release policy information to the new provider.*
- \_\_\_\_ M. *I/We certify that we have been given the opportunity to ask questions about the information contained herein.*

## SIGNATURES: ALL ADULT HOUSEHOLD MEMBERS 18+ MUST SIGN

____ Head of Household	____ (Print Name)	____ Date
____ Spouse	____ (Print Name)	____ Date
____ Adult Member	____ (Print Name)	____ Date
____ Adult Member	____ (Print Name)	____ Date
____ Adult Member	____ (Print Name)	____ Date



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# FAIRFAX COUNTY WORKFORCE DWELLING UNIT MORTGAGE LENDER PRE-APPROVAL

## THIS FORM TO BE COMPLETED BY LENDER TO DOCUMENT CONDITIONAL LOAN PRE-APPROVAL

WDU UNITS ARE CONTROLLED BY **RESTRICTIVE COVENANTS** REGARDING LENDING, FINANCING, FORECLOSURE AND REPURCHASE RIGHTS OF THE FCRHA; WHICH UNDERWRITERS SHOULD REVIEW TO **CONFIRM AVAILABILITY OF A LOAN PRODUCT ABLE TO FINANCE WDUS.**

More information is available on our website: <https://www.fairfaxcounty.gov/housing/homeownership/appraisers-and-lenders>

**FOR QUESTIONS: 703-246-5087 / [FTHBHOMEOWNERSHIP@FAIRFAXCOUNTY.GOV](mailto:FTHBHOMEOWNERSHIP@FAIRFAXCOUNTY.GOV)**

HOUSEHOLD: ALL MEMEBRS 18+	ON DEED?	ON LOAN?	CREDIT SCORE
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

TRIPLE MERGE CREDIT REPORT REQUIRE FOR ALL  
ADULTS ON DEED AND/OR LOAN

**INCOME USED FOR LOAN QUALIFICATION:**

MEMBER NAME	INCOME SOURCE	GROSS MONTHLY\$
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOT INCLUDED IN LOAN QUALIFICATION:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL GROSS INCOME/MONTH:** \_\_\_\_\_

**ASSETS:**

Total Accounts: \$ \_\_\_\_\_

Total Cash on Hand: \$ \_\_\_\_\_

Total Grants: \$ \_\_\_\_\_

GRANT TYPE: \_\_\_\_\_

Total Monetary Gifts: \$ \_\_\_\_\_

NOTARIZED GIFT LETTER MUST BE ATTACHED

**TOTAL VERIFIED ASSETS:** \_\_\_\_\_

**ESTIMATED EXPENSES/MONTH:**

Principal & Interest: \$ \_\_\_\_\_

Taxes: \$ \_\_\_\_\_

(Maximum Purchase Price\100 \* Current Tax Rate / 12 Mo)

Hazard Insurance: \$ \_\_\_\_\_

Mortgage Insurance: \$ \_\_\_\_\_

HOA/Condo: \$ \_\_\_\_\_

**TOTAL EST. EXPENSE/MONTH:** \_\_\_\_\_

**DEBT-TO-INCOME RATIOS:** \_\_\_\_/\_\_\_\_

*Back-End Ratio Max 45%*

**BASED ON ASSETS PLEASE CALCULATE:**

*2% Down payment required*

Down Payment: \$ \_\_\_\_\_

Closing Costs: \$ \_\_\_\_\_

**POINTS:**

*No more than 1 origination & 2 discount points*

Loan Origination: \_\_\_\_\_

Discount: \_\_\_\_\_

**LOAN (CHECK TYPE):**

*Fixed rate loan required*

☐ FHA   ☐ Conventional   ☐ VA

Interest Rate: \_\_\_\_\_

Maximum Loan Amount: \_\_\_\_\_

*Loan may not be above 97% of the sale price*

**MAXIMUM PURCHASE PRICE:**

*(Maximum Loan + Down payment)*

*Borrower currently has sufficient financial Resources to qualify for:*

\$ \_\_\_\_\_

<p>LENDER / INSTITUTION _____</p> <p>PHONE _____</p> <p>EMAIL _____</p> <p>SIGNATURE _____</p> <p>DATE _____</p>	<p><b>REQUIRED ATTACHMENTS</b></p> <p><input type="checkbox"/> TRI-MERGE CREDIT REPORT <i>All Adults on Deed/Loan</i></p> <p><input type="checkbox"/> IF APPLICABLE: GRANT TERMS</p> <p><input type="checkbox"/> IF APPLICABLE: GIFT LETTER</p> <p style="text-align: center;"><i>Pre-conditional letter is considered accurate and complete until [Date]</i></p>
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### MUST BE SIGNED BY ALL ADULTS WHO WILL BE ON DEED &/OR LOAN

I hereby certify under penalty of law that all of the information provided on this form is true, complete, & correct. I understand that any person who attempts to obtain housing assistance by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime punishable under federal and state law and may result in determination of ineligibility for or termination from any DHCD/FCRHA assisted housing program. By signing this form, I agree to the release of my/our financial information as may be necessary to verify eligibility to participate in a FTHB opportunity and agree to the exchange of this information between the Fairfax County Department of Housing and Community Development/Fairfax County Redevelopment and Housing Authority, U.S. Department of Housing and Urban Development, Lender and Loan Servicer, and other providers of federal, state, or local assistance.

<p>_____</p> <p>BORROWER/PURCHASER SIGNATURE</p>	<p><input type="checkbox"/> CREDIT REPORT ATTACHED</p>
<p>_____</p> <p>BORROWER/PURCHASER SIGNATURE</p>	<p><input type="checkbox"/> CREDIT REPORT ATTACHED</p>
<p>_____</p> <p>BORROWER/PURCHASER SIGNATURE</p>	<p><input type="checkbox"/> CREDIT REPORT ATTACHED</p>
<p>_____</p> <p>BORROWER/PURCHASER SIGNATURE</p>	<p><input type="checkbox"/> CREDIT REPORT ATTACHED</p>