



**APPLICATION
VIRGINIA ELY SENIOR RENTAL
ASSISTANCE PROGRAM
FOR RESIDENTS OF FAIRFAX COUNTY SENIOR HOUSING**

October 2011

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Applicant Name _____
Spouse Name _____
Street Address _____
City/State/Zip _____
Phone Number(s) _____
Birth Date(s) _____
Social Security Number(s) _____
Total Number of People in Household _____

Contact (other than applicant): Name _____
Complete Address: _____

Phone Number(s): _____

For statistical purposes only: Race _____ Ethnicity _____

Check the property of your choice: Gum Springs Glen Morris Glen
 Herndon Harbor House **Approximate Move-in Date** _____

The Virginia Ely Program is made possible through generous grants awarded to CFH from the Fairfax County Consolidated Community Funding Pool, Max & Victoria Dreyfus Foundation, Wardman-Naselli Trust, St. Mary's Catholic Church, St. Mark's Catholic Church, the Gannett Foundation and others.

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Catholics for Housing, Inc.

Providing affordable housing opportunities in Northern Virginia since 1979



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GROSS MONTHLY INCOME – before deductions

Income Source	Head of Household	Spouse
Social Security		
Pension		
Family Support		
Income from IRA		
Income from Savings Account(s)		
Income from Stocks/Bonds		
Income from Rental Property		
Other (Please describe)		

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 I must qualify for the County’s Elderly Residence Program as well as meet the income and age requirements of the Virginia Ely Senior Rental Assistance Program.

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Head of Household Signature

Date

Co-Applicant Signature

Date

Please return your completed application to Catholics for Housing, Inc. You may mail your application to 18139 Triangle Shopping Plaza, Suite 209, Dumfries, VA 22026-2582, or fax it to (703-221-3708) or email it to (cath4hsg@verizon.net). When CFH receives your completed application, you will be contacted.

CFH maintains a waiting list and if you are determined to be eligible, your name will be placed on the waiting list. All eligible applicants are served in chronological order.

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**Authorization to Release Information
Virginia Ely Senior Rental Assistance Program
FOR RESIDENCE OF FAIRFAX COUNTY SENIOR HOUSING**

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I, _____,
give my authorization to Catholics for Housing, Inc. (CFH) to release information regarding my participation in The Virginia Ely Senior Rental Assistance Program (The Program) to grantors for the purpose of auditing The Program and/or to the Property Management Company who manages the facility in which I live. I understand that information regarding my participation in The Program, including, but not limited to, my address, my income, the calculations regarding the rental assistance and any correspondence, may be reviewed by a program auditor from funding sources, as well as, the independent auditor for CFH.

Head of Household Signature _____

Print Name _____

Date _____

Spouse Signature _____

Print Name _____

Date _____

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